STATE OF MARYLAND

	b7	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI ICATE OF DEATH	2 - REG. T	355	0		
		CEASED NAME FIRST OR PRINTS	Ga	DDE	A	NGLE	20 DATE OF DEATH August	8 -		26 HOUI	M
	3. SEX Male		* RACE White		Nov		6 AGE (IN YEARS LAST B		MONTHS DATS	HOURS	2J HRS MIN
70. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY) Virginia USA		WHAT COUNTRY?	MARRIEI WIDOWE	DI NEVER MARRIED D	9 BALTIMORE CITY OR COUNTY OF DEATH						
1	-	rederick	JIF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET rick Memo:	G HOME C	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
0	USUAL RESIDENCE 15 NUSSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. STATE 136. COUNTY 137. CITY OR TOWN Cooksville				N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 14096 Mon	/ ZIP CODE	Dr. 2	1723	
7	Chesley M. Angle					Annie	WIDO!E		Dilla	rd	
1	160 W	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR GATES)	229-05-9		G. Henry Angl		ress ak Plac	ce Fair	fax.	VA
1	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (ol), storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, C	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM		20b. IF YES		IGS USED	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	OF INJURY M. MONTH D	AY YEAR	216 HOW INJURY OCCURR	YES NO		PART I OR PART 21	NO []
	MEDICAL	IN JURY OCCURRED WHILE NOT WHILE AT WORK	OF INJURY FREET FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TOWN COUNTY			5	STATE	
		220.1 certify that (1) this hosp	8-19	19	T with	nd that in (hy) (our) apinion o	death accurred on the	dote and hou			we) lost ated
		m Signardie /// Wille					MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DATE	SIGNED	87
		Dr. Ronald M		-		220 ADDRESS Cullwell Dr. Mt. Airy Maryland.					
	(BURIAL, CREMATION, REMOVAL Burial		9, 1987 N	ation	emetery or crematory al Memorial	Falls C				A ^{ATE}
	24. FU	UNE AL DIRECTOR	alle	ADDRESS FALIR	10565 fex,	Main St. 250 AU VA. 2203 .	6201987	R 25h; REGIST	Dunder .	Panda	u.

DHMH - 16 60M 7/84 (VRA 15, 4)

D, walley

TO FUNERAL DIRECTOR, after this certificate has been signed by the should be detached for use as the burial-transit permit. Then please near with the State Dept of Health and Mental Hygiene prior to burial, crem

ATTENDING PHYSICIAN: The low

O HOSPITAL OR

etoined by the hospital or attending physician.

njury, or othe

MPORTANT: If Hem 21 is marked or Hem 18 thorsant

TY THE LA CONTROL OF	0	612	2	9	AUGTAH 87
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL SCIENCE CERTIFICATE OF DEATH

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1 0	1.			. 1

REGISTRAR				CLICOTO	CAIL OI D	13.	4	REG NO	37	1 11	7	
1. DECEASED NAME	FIRST	MIDD	I.E.	L	AST	188	20 DATE OF	DEATH	MONTH	DAY	YEAR 5	26 HOUR
(TYPE OR PRINT)	DAU	D	Jacob		arnou	0			8 - 3	2 - 8	27	125%
3. SEX		4. RACE		5. DATE O			& AGE INY	EARS LAST BIR	[HDAY]	IF UNDER	1 YEAR	IF UNDER 24 H
male	74.	W	hite	7 MONTH	DAY	96		91		MONTHS	DAYS	HOURS M
To. BIRTHPLACE (STAT		76 CITIZEN OF WH	AT COUNTRY?	8	d	76	9 BALTIMO	RE CITY O	R COUNT	Y OF DEA	ATH	
Mar Mar		4).S.	AI CODITINI		NEVER M		- DALTIMO	WE 0111 <u>0</u>	4			
III. CITY OR TOWN OF		11. NAME OF HOS	DITAL NUIDCIN	WIDOWE		ORCED [120 USUAL	OCCUBATI	41/4		VINID OF	BUSINESS
			CRITY, GIVE STREET		K OTHER INSTI	TUTION	(TYPE OF WOR	K FOR MOST O		LIFE) INDL	USTRY	
Trederic		merco		neugi	ne Ct.		Man	ayer		F	eed	Store
USUAL RESIDENCE (#	NURSING HOME OF		RESIDENCE BEFORE		1 13d. INSIDE CIT	Y LIMITS?	13e.STREET	ADDRESS /	ZIP COD	Œ		
Maryland	Fred	1 .	Brunswi		YESXX	NO 🗌		rth M			ve.	/ 217
M FATHER'S NAME					15. MOTHER'S	MAIDEN NA	WE	MIDDLE				
Andre		WIDDIE D	arn	CUO	A	mana	Oc.	C.		1	I CT A	o.C
160 WAS DECEASED E	VER IN U.S. AR	MED FORCES? 168	SOCIAL SECU		17. INFORMAN		~~~	ADDRE	ss 522	74 .Ta	ffer	son P
(YES, NO OR UNKNOWN		/E WAR OR DATES)	12-03-2	228	Goor	2 D 7	rnold	Ero				
					Georg	= D. A	LIIOIU	- rre	delic			
18 CAUSE OF D	EATH (Enter or H WAS CAUSE	nly one cause per line	for (a), (b', one		dia					BE	TWEEN O	NATE INTERVAL
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 (IF South Hyperson Industry 19th Condition for which operation was performed 200 autopsy? 200 if yes, were findings used											
190 DATE OF OP	ERATION	19b/CONDITIO	N FOR WHICH	OPERATIO	n was perfor	MED	YES T	NO X	IN CERT	ES, WERE IFYING C. YES []	AUSES (GS USED OF DEATH?
210. ACCIDENT WA	S UNDERLYING	21b. TIME OF IN	NJURY		21c HOW INJ	URY OCCURE		-			PART 2)	
OR CONTRACTOR		AIH	MONTH DA		2.3							
(IF EITHER NOTIFY 21d INJURY OC		R) P.M.	INTURY	19	211 LOCATIO	N		-		_	_	
	OT WHILE		FACTORY, OFFICE, F	ARM ETC)	STREET			CITY OF TO	WN	COU	MIA	STATE
AT WORK A	1 WORK					- O U		W >		- 0	-	
	it (I) (this hosp ceased dive on	ital) attended the d	eceased fram_		nd that in (my) j	19	to	d and the d		. 19		hot (I) (we)
abave, (1) (y	e) (da) (did no	at) view the bady alt	er death.			eur) opinion	Gedin Occurre	on the de	are and ho			
22b. SIGNATURE	6	Liene	Oh	0	DEGREE A' P	TENDING	MEDICAL	STAI	FF IAN [220	8 3	(8)
	S NAME (TYPE	OR PRINT)	10-7		22e ADDRESS							
224 PHYSICIAN	1 0 1									-		_
224 PHYSICIAN	(110)	CAGALVO	OM		214	10111	Hou to	ALK	1110	. Pre	el.	nda
Pa	1111	Las DATE	MO.	NAME OF C	814 EMETERY OR C		House 123d LOC		nue	(Pro	el.	Mdz
230 BURIAL, CREMATI	1111		1		SIY EMETERY OR C	REMATORY	23d LOC	ATION		COUNT	el.	nd 2
230 BURIAL, CREMATI (SPECIFY) Burial	ON, REMOVAL	236. DATE 8/4/87	1		SIY EMETERY OR C an Ceme	rematory	23d LOC	ation or town aleto	wn, F			
230 BURIAL, CREMATI	ON, REMOVAL	8/4/87	L	uther	an Ceme	rematory	23d LOC City Mide	ation or town aleto	wn, F			

DHMH - 16 60M 7/8 (VRA 15, 4)

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completely filled in by the funeral director, page 3

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

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	EP	-KO TRIPAR		CENT	TICALL OF PLATE	REG. N	0. , ,	3"	
	1. DE	CEASED NAME FIRST	MIDDI	I.E	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR	
k		Gayne		oler (Bartlett	August 2.		2:00A M	
	3. SE	X	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN.	
		Temale	White	Oct		69	YRS		
1	7a. BI	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH	
1		Maryland	USA			Frederick	c County,	MD.	
1		ITY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	ION 126 K	126 KIND OF BUSINESS OR		
-		Brunswick		nings Drive		Housewife	э Ho	memaker	
5	130 S Ma	ryland Was	R OTHER INSTITUTION GIVE	RESIDENCE BEFORE ADMISSION CITY OR TOWN Knoxville	13d. INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS / Route 2, I		21758	
0	14 FA	ather's Name First Edward	MIDDLE Dewey	Carroll	15. MOTHER'S MAIDEN NAME FIRST Estner	MIDDLE Irene	a	Kibler	
		WAS DECEASED EVER IN U.S. AF		SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	ss Route 2,	Boy 279	
		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	78-16-4690	Carol Longer	beam - Knoz	xville, M) 21/58	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line				86	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH	
			TE CAUSE (o)	varian Co	rcinoma			14 mo	
		Conditions, if ony, which	((b)	A CONSEQUENCE OF					
		gove rise to immediate cause (a), stating the	DUE TO OP AS	A CONSEQUENCE OF					
		underlying cause last.	(c)	A CONSEGUENCE OF					
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PA	ART 1ra	
	ō	Diabetes m	ellitus						
2	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION	N FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I	FINDINGS USED AUSES OF DEATH?	
	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF IN	IIIDV	Tale HOW IN HIRV OCCUPA	YES NO NO	YES	NO 🗆	
1		OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PA	ART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF II	NJURY	21f. LOCATION		wn cour	***	
	¥	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, F	FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUP	NTY STATE	
	. 9	22a.1 certify that (1) this hosp	1/170	77	17	_, to8/2	0 19 8	, that (1) (we) lost	
		sow the deceased alive on above, (1) (we) (did) (did no		r death.	and that in (my) (our) opinion d	leoth occurred an the do			
		22b. SIGNATURE	101.		DEGREE	MEDICAL CTAI		DATE SIGNED	
		Kathleen (JU Oten	MO	ATTENDING PHYSICIAN	MEDICAL STAF	IAN - 8	121/27	
		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS				
		Rathleen W.	Stern	MO	1610 Ninth		SWICK M	d 21716	
	730 E	Burial, cremation, removal Surial	8/23/87		CEMETERY OR CREMATORY	23d. LOCATION	110 TAIDONTY	STATE	
		SULTAL UNERAL DIRECTOR	0/23/8/	BLOWNS	ville Hyts Cem			nington, MD	
		ohn T. Williams	D	ADDRESS	ZSO. DATE	REC'D. BY REGISTRAR	Line Democra	GNA NRE	
	UC	onn T. Williams	runeral F	nome Brunswi	ck, MD AUG	100 001	7		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this centracte in should be defocited for use as the burnel familiarith the State Dapt of Hoolife and Marriel Hydrolle MPDRIANT. If them 21 is marked as them 18 state.

(VRA 15, 4)

STATE OF MARYLAND

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TO S NOO	1 DE	CEASED NAME FIRST		MIDDLE	(AST	20 DATE OF DEATH	MONTH DAY YE	EAR ' 26 HOUR
- K 66.	(TAPE	OR PRINT)	neila	T.	BART	7.	August	1. 1987	10 A. M
ou od	3. SE		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BI		DAYS HOURS MIN.
tof		Female	W	iite	Aug	. 6, 1930 FAR	56	YRS	DATS HOURS MIN.
2 12 /1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	тн
e o a la l		w Jersey	U.S.A. WIDOWED DIVORCED			Freder	ick County	• MD	
s offer	F	rederick	111. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS 6887 Arbor Court			OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) 1edia Spec:	OF WORKING LIFE) INDU	STRY Control Contro
AND 212		AL RESIDENCE (IF NURSING HOME STATE 13b. CO aryland F3	or other institution UNITY ederick	13t. CITY OR TOW		13d. INSIDE CITY LIMITS? YES X NO [130 STREET ADDRESS 6887 Arbot		1701
MARYL ed within	14. 84	THER'S NAME Edward	David	Teston		IS MOTHER'S MAIDEN N	AME MIDDLE		Bogart
IMORE,		VAS DECEASED EVER IN U.S. (18, NO OR UNKNOWN) (18 YES	ARMED FORCES? GIVE WAR OR DATES! None	166 SOCIAL SECU		17 INFORMANT Harold Bartz	6887 Arboi		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer this certificate physician. After this certificate has been signed from ading physician and come from the filed in the ost the burial-transit permit. Then pleated or the model of the properties of the purial physician properties of the proper	NOIT	Conditions, if ony, which gove rise to immediate couse iot stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO. (c)_ T CONDITIONS C		ENCE OF				
At REC	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO X	206 IF YES, WERE F IN CERTIFYING CA YES [NO
JOF VIT		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A	OF INJURY A.M. MONTH DI P.M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJE	JRY IN ITEM 18 RART 1 OR PA	RT 2)
WISION ottendin ter this so the but hond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO	OWN COUN	YTY STATE
TEND tol o OR, b or use I Heol		220.1 certify that (1) (this ha saw the deceased alive above, (1) (we) (did) (did			Mai	that in (my) (our) apinion	n death accurred on the o	lote and have and trai	, that (I) (we) last in the causes stated
SPITAL ON ATTAINED BY the hosping NERAL DIRECT be detoched for a Store Dept. or TANT: If them 2		226. SIGNATURE 226. PHYSICIAN'S NAME (IV)	Jones	MD		ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STA		DATE SIGNED
O HOSPITAL eforned by the TO FUNERAL should be detawith the Store MAPORTANT:		Dr. Amy Jon	/				enth Street,	Frederick	k, Md. 21701
BP		urial, Cremation, Remov	Aug	11, 1987	St. J	emetery or crematory hns Cemeter	Frederi	ck, Freder	
DHMH - 16 60M 7/84 (VRA 15 4)	24 FI	Stranth, heeney	and Bas	ford wune	ral H	ome 250. DA	TE REC'D. BY REGISTRAF	256 REGISTRAR'S SIG	GNATURE

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DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR
D. NAMD. HARTZLER

(SPEC BURIAL

LABERTYTOWN, MD

CHAPEL CEMETERY

09/02/87

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FRED . SIATE MD

(VRA 15, 4)

STATE OF MARYLAND

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	4 may be on body 3 of beauth 4	00 2	I DE	CEASED NAME OR PRINT)	ROY	1 RACE)avid	5. DATE C		20. DATE OF DEATH 6. AGE (IN YEARS LAST BIR	MONTH DA	4-87	HOUR AM
•	fer death. Page the funeral direct f within 72 hours	0/	10 C	RTHPLACE (STATE OR F COUNTRY) EW YORK ITY OR TOWN OF DEA		REIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRI U.S.A. WIDOW 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		MARRIE WIDOWE IG HOME (ED DINORCED Frede OR OTHER INSTITUTION 120 USUAL OCCUPA		YRS. YOR COUNTY OF DEATH PRICE COUNTY ATION STOF WORKING LIFE) INDUSTRY		
MARYLAND 21201	nn 24 bours o by filled in by should be filled	(35)	130. S	ederick AL RESIDENCE (IF NURS BTATE aryland ATHER'S NAME	13b. COU	ROTHER INSTITUTION	ampton Nu GIVE RESIDENCE BEFORE 130. CITY OR TOW Frederic	ADMISSION)	13d INSIDE CITY LIMITS?		ZIP CODE	Fire I	21701
	executed	adico exact	16a V	VAS DECEASED EVER	N U.S. AF	MIDDLE George RMED FORCES? VE WAR OR DATES)	Bennett 166. SOCIAL SECU 100-10-5		15 MOTHER'S MAIDEN NAV FIRST Mae 17. INFORMANT 4211 Garnet	Roger A. ADDRE	SSnnett	tche1	40
I W. PRESTON ST., BALTIMORE,	by the free deals certificate by the free cost remove cut and cost remove cut and cost cost of the cos	r other froundt cerament.		18. CAUSE OF DEATH PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stolin underlying couse	AS CAUSE IMMEDIA which rediote	TE CAUSE (6) DUE TO, OI	R AS A CONSEQUE A S	ence of	n droit		21.5		TE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201	the low requires into no.	Shows ony injury, or	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY? YES NOT	20b IF YES, V	WERE FINDINGS	
IVISION OF VIT	HYSICIAN: ading phys sis certifico buriol-tror	morked or Ifem 18 s	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CCC (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK	AUSE OF DE	ATH HOUR A.	M. MONTH DA M.	AY YEAR 19 ARM. ETC	216 HOW INJURY OCCURR 216 LOCATION STREET	ED (ENTER NATURE OF INJUIL		T I OR PART 2)	STATE
	toched for use Dept. of He	If Rem 21 is		22a. I certify that (1) sow the decease above (1) live) (d 22b. SIGNATURE					d that in (our) opinion of OEGREE ATTENDING PHYSICIAN	, to S death accurred on the do MEDICAL STAF DIRECTOR PHYSIC	FF	22c. DATE SIG	
	TO HOSPI	MACK AND THE PROPERTY OF THE P		BURIAL, CREMATION,	REMOVAL	Gregor			22. ADDRESS 4 West Sev EMETERY OR CREMATORY	enth St., F	rederi		
	DHMH - 16 60M (VRA 15, 4)	7/84	24. FU	Cremat: JNERAL DIRECTORS: NAME East Chu:	nith,	Keeney	& Basfor	d Fun	sburg Cremato eral Home 250 RVI 701	GEZ OR 1987 AR	rg, Wa	shing to	n, Md.

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entered and sold the state of the second	fon Man. L. 1937 S. S.	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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7	87 TATE REGISTRAR		DEPARTA		ICATE OF DEATH	REG. N	5 5 A	6	14
	PECEASED NAME FIRST (PE OR PRINT) REJ	y	MIRCHINIA	- -	BUNK	20 DATE OF DEATH	MONTH D.	87	905PM
3 S	Fale	1. RACE	hite	Feb.	DF BIRTH 1930	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
7a	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C			MD.
1	CITY OR TOWN OF DEATH Frederick	11. NAME OF		IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYRE OF WORK FOR MOST O Seams tres	OF WORKING LIFE	I INDUSTRY.	OF BUSINESS OR
130	UAL RESIDENCE (IF NURSING HOME COL STATE 13b COU Maryland Fre		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederi	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 411-A Nort	ZIP CODE	tz Stre	et, 2170
14.1	FATHER'S NAME FIRST OSCAT	MIDDLE H	Michae	1	15. MOTHER'S MAIDEN NAME F 10Ta	WIDDLE		Walt	hter
160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	215-26-9		17 INFORMANT Sherry D. Fi			est Fif	th Street 21701
ATION	couse (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)		DEATH 8UT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON		EN IN PART 11	
CERTIFICATION	THE DATE OF OVERALION			O' EKATIO		YES NO	IN CERTIFY YES	YING CAUSES	
MEDICAL CE		EATH HOUR A ER) P 21e PLACE		19	211 LOCATION STREET	RED (ENTER NATURE OF INJ.		(COUNTY	STATE
	220.1 certify the (1) (this has sow the deceased alive a obove/(1) (we) (sid) find a 22b. SIGNATURE	pitol) offended the	ne deceosed from19	27.	nd that ir (my (our) opinion DEGREE				that (we) lost couses stated
	22d PHYSICIAN'S NAME (TYRE	OR PRINT)	AHAN	T	AND ATTENDING PHYSICIAN 2220 ADDRESS	MEDICAL STA		18-	9-87
	BURIAL, CREMATION, REMOVA (SPECIFY) BUrial	Aug. 7	, 1987 M	ount (CEMETERY OR CREMATORY Olivet Cemete			rederi	4
1	FUNERAL DIRECTS mith,	Keeney 8 Street,	Basford Frederic	Fune: k, Md	rai nome	TE REC'D. BY REGISTRAL	256 REGISTE		TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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IMPORTANT: If them 21 is morked or them 18 shows on

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 3 5 5 - STATE REGISTRAR 064755 SEP ADB ASED NAME 20 DATE KNOWN E Barbara DEATH MATED Jean Bownan 24 19 4. RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS IF LINDER LYP IF UNDER 24 HRS. 2c. DATE 2d HOUR LAST BIRTHDAY) RONOUNCED July4, 1933 Female White 54 YRS DEAD 24 19 87 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Pennsylvania U.S.A. WIDOWED . DIVORCED Frederick County ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Sabillasville 7225A Harbaugh Valley Rd Housewife Home VALUES IDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REPORT ADMISSIONAL 21780 30 STATE 135 COUNTY 134. INSIDE CITY LIMITS? 130 STREET ADDRESS Sabillasville Md. Fred. 17225A Harbaugh Valley Rd. YES ... NO XX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Frank Chen Catherine Burlop 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 186-28-2860 Jesse E. Bowman. Sabillasville. Md. E SHOULD BE EXECUTED WITH A HOUR WORD "PENDING" IN PENCIL ITEM TO THE MEDICAL EXAMINE OF A SHORT EXAMINE AS A BURIAL - TRANSIT EFFICIENT OF HEALTH AND MENTAL HOSE BURIAL, CREMATION, OR RE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Fatty liver IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Chronic alcoholism gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATOR EN PROPERS SHOULD BE USED AS A EXPER DEATH, WITH THE STATE DEPARTMENT OF HEALTH, BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, CREM. CERTIFICATION 19a. DATE OF OPERATION AUTOPSY? Head Only 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES W NOT 71g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 20 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY STATE Head 22a. I certify that Move, held on Autopsy Inspection and in my opinion death resulted fra Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICALEXAMINER SIGNED_ 8-25-87 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 PennSt., Balto., MD 21201 (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE

DHMH - 17

(VR A15 ME (5))

Aug. 27, 1987 24 FUNERAL DIR

Dethel Cemetery

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Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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completely filled in by the funeral director, page 3 frame? Hours ofter death

TO FUNERAL DIRECTOR: after this certificate has been signed by the should be detacked for use as the burial-transit permit. Then pleate removith the State Dept. of Health and Mental Hygiene prior to burial trema

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4 87	REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG. NO.		
	ECEASED NAME FIRST		WIDDLE		LAST	20 DATE OF DEATH MONT	T TYOU	
(11.00)	Marie	Ma	aude	BRE	CKENRIDGE	August Club	13.87 121%	
3 SE	EX	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24	
	Female	Whi	te	Apri.	1 15 1922	65 YR	MONTHS DAYS HOURS	
70. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	cy c	9 BALTIMORE CITY OR COUN		
1	Maryland	U.S.	Α,	WIDOWE	D NEVER MARRIED DIVORCED D	Eredenick Country		
10. C	Frederick	11. NAME OF		G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ASSEMBLY WOME)	G LIFE) 126. KIND OF BUSINESS	
30.	STATE Maryland JAL RESIDENCE (IF NURSING HOME O STATE Fre	ROTHER INSTITUTION NTY derick	GIVE RESIDENCE BEFORE 13 CUTY OR TOW 1 Jams V1	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 4745 Mussette	DDE r Rd., 21754	
14. F/	ATHER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NAM	AE .		
	Conard	M.	Harget	t	Maude	WIDDLE	Stup	
	WAS DECEASED EVER IN U.S. AI		166 SOCIAL SECU		17 INFORMANT		Mussetter Roa	
(one	219-12-0)499	Lemuel M. R.	eckenridge, Ij		
	18 CAUSE OF DEATH (Enter a PART I DEATH WAS CAUSI	nly ane cause per	line for (a), (b), one			APPROXIMATE INTERVA		
	Conditions, if ony, which gave rise to immediate couse (a), stating the	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	Enghrim	19		
IFICATION	gave rise to immediate couse (a), stating the underlying cause lost.	CONDITIONS CO	ONTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH	
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AL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	CONDITIONS	DOTRIBUTING TO DE	NCE OF PEATH BUT OPERATION Y YEAR	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO	
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(VRA 15, 4)

STATE OF MARYLAND

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IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other troumatic ev

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAD

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7	20	REGISTRAR				CERTI	ICAIL OI D	PUMI .	REG. NO:	3 = 1	24		
		CEASED NAME	FIRST	1	MIDDLE	l l	AST	- 11 11	20 DATE OF DEATH MO	1		26 HOUR	
	TITPE		ILMORE	Jt	JNIOR	CLI	CK		81:	29 18	7	12M	Wany
	3. SE	X	4	RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTHD.		UNDER 1 YEAR	IF UNDER 24	4 HRS
	M	ALE		WHITE		11	15	1925	61	YRS	VINS DATS	HOURS	MIN.
1	7a. Bl	RTHPLACE (STATE OR	FOREIGN 7	. CITIZEN OF	WHAT COUNT	RY? 8	D NEVERA	ADDIED [9. BALTIMORE CITY OR C	COUNTYO	FDEATH		
2	M		14.5	USA		WIDOWE		ORCED	FREDERIC	CK			MD.
C		ITY OR TOWN OF DEA	ATH 1	(IF NOT IN SUC	H FACILITY, GIVE S	RSING HOME OTTEET ADDRESS) Mountai		ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W AUTO REPAIR)	ORKING LIFE	INDUSTRY	OF BUSINES	SOR
(3)	130 S M	AL RESIDENCE (IF NURS STATE D	13b. COUNT FREDE	Υ	GIVE RESIDENCE B 13c. CITY OR THURM	TOWN	13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS / Z 7301-A Blue		217 ain R	-	
0		ATHER'S NAME FIRST RANK	ROBE	RT	CLICK			MAIDEN NAM	VIOLA			FMAN	
,		VAS DECEASED EVER		ED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMA	NT	ADDRES9	Churmo	ont, M	D	
		ES	1949-		216-22	-7839	Helen	Click	7301 A Blue 1	Mounta		MATE INTERVA	13
2	CERTIFICATION		nediote ing the lost.	DUE TO, OI	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDIT	Ob. IF YES, V	VERE FINDING CAUSES		1?
9	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOT WILL AT WORK AT WO 220.1 certify that (1)	CAUSE OF DEATI CAL EXAMINER) RED	P., 21e PLACE ((AT HOME, STR	M. MONTH M. OF INJURY JEET, FACTORY, OF	19 FICE, FARM, ETC.)	21c. HOW IN 21c. LOCATIO		CITY OF TOWN		COUNTY	STA	
		sow the deceos obove, (I) (**e) (* ??h SKGT ATURE	aid) (did not)	view the body	2	1987,01							
		UAME	SE.	STONE			19 F/	EDENI	CIL ST. WALICE	KS 014	LE M	d 2/7	193
	1	BURIAL, CREMATION,	REMOVAL	23b. DATE	236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN					OUNTY	STA		
		URIAL		9/2/8		Resthav	en Mem.				ederic		1
4		UNERAL DIRECTOR			ADDR	FSS		SED DATE	REC'D. BY REGISTRAR 256	REGISTRA	R'S SIGNAT	URE	4
	1	621 Opossu	mtown	Pike, 1	Frederi	ick, MD	21701	DEP	O 1 198/ //	- KRIME	and the		1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAR HYGUNE CERTIFICATE OF DEATH

830 AUG	5	FOR TATE		DEPARTM	ENT OF H	EALTH AND MENTAR HYGICATE OF DEATH	INE 23	561	
	1. DE	CEASED NAME FIRST	MIDDLE		L	AST		MONTH DAY YEAR	R 2b HOUR
oy be	(TYP)	OR PRINT)	y Sprowle	5 (COTTM	AN	August 2,	1987	2:10 AM
Hoy Poy	3. SE	X	4. RACE	11771111	5 DATE C		6. AGE (IN YEARS LAST BIR		
4 office	1	Female	White		Jan	. 21, 1902	85	YRS MONTHS DA	MOURS MIN.
0 00/8/	7n. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	В	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	1
1 12/20	1	Penna.	USA		WIDOWE		Frederi	ck County,	MD.
11/20/	10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING	G HOME C	ROTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIN	D OF BUSINESS OR
5 1/2/C	1	Monrovia /	11980 B			rt	Housewif	F WORKING LIFE) INDUST	RY
1.0		AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION GIVE RES	SIDENCE BEFORE	ADMISSION)				
3/13 85	1			nrovia		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	ming Court	21770
1 32 100		THER'S NAME			400	15. MOTHER'S MAIDEN NAM	AE .	111115 0041 0	22110
1 13/10	1	Horace	MIDDIE	rowles		Mary	WIDDLE	Steve	n q
3-17		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SO	OCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE		
# 66 p/	l '	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 579	-46-15	145 A	William W. Co	ottman.	Item 13	
o section of the sect		18 CAUSE OF DEATH (Enter			10.				ROXIMATE INTERVAL
phy npo mov went		PART I. DEATH WAS CAU	ICED BY	Carel	u-	Ibernael			
rbo rre rre		INVIVICE	DUE TO, OR AS A				YET WILLIAM		
		Conditions, if ony, which	(b)	CONSECUE	ACE OF				
6 Fib		gove rise to immediate couse (a), stating the	DUE TO, OR AS A	CONCEOUEN	UCE OF			100	V.
11/5		underlying couse lost.	DUE TO, OR AS A	CONSECUE	ACE OF				
es or		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIB	BUTING TO DI	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART	lio
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ony ony	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED
he loon.	THE STATE OF						YES NO	IN CERTIFYING CAUS	SES OF DEATH?
N: T ysici cote onsi Hygi	CER	210 ACCIDENT WAS UNDERLYING			WEAR.	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)
ICIA B ph ph iol-tr intol	AL	OR CONTRIBUTING CAUSE OF		ONIH DAY	Y YEAR				
HYS of H	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJ			211 LOCATION	CITY OR TO	WN COUNTY	STATE
offer the sthe	Z	WHILE NOT WHILE D	(AT HOME STREET FAC	TORY OFFICE FAI	RM ETC)	SIREE	CITY OR TO	WN COUNTY	STATE
Africa Af		22a I certify that (I) (this ha	spitol) attended the dece	osed from	ja	87.19.CL	L. 10 ang	1947	, that (I) (we) last
TTEN pitol TOR for u		sow the deceased alive	on	19_8	7 on	d that in (my) (our) opinion d	eath occurred on the de	ote and hour and from	the couses stated
IRE hos hed hed hed hed tem		226. SIGNATURE		uli	-	DEGREE			ATE SIGNED
the the period tends the D	100	pan	- 8 min	my		MI) ATTENDING	MEDICAL STATE		-2-87
SPIT SPIT		224 PHYSICIAN'S NAME (TY	PE OR PRINT)		-	22e ADDRESS	DIRECTOR TITISTE		
TO HOSPITAL retoined by the TO FUNERAL should be det with the Stote		Frank A.	Finnerty, Jr	. M.D		4900 Mass. A	ve. N.W. W	lashington.	D.C
5 5 5 4 ¥ ₹	23a	BURIAL, CREMATION, REMOV				METERY OR CREMATORY	23d LOCATION	abiling coll,	2.0.
BP		Cremation	Aug.3,198			tview	Baltimo	ore, Maryl	and
	24 F	JNERAL DIRECTOR	Inug a Jazyo		1163		REC'D BY REGISTRAR		
DHMH - 16 60M 7/84 (VRA 15, 4)		Olin T. Mo	lesworth P.A	ADDRESS Dams	250119	A11		June Desides	

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funeral director, page 3

within 24 hours ofter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 3 REG. NO. 6

	DECEASED NAME	FIRST	A	NODLE	I.	LAST		20. DATE OF D	EATH MONTH	DAY YEAR	2b HO	UR
1	(TYPE OFPRINT)	ames	St	uart	C	OX	Sr.	A	ugust 9,	1987		00a _M
3	SEX		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEAR		IF UNDER 1 YE		R 24 HRS
	Male		Whit	e	Nov	. 21	1918		68 YRS	MONTHS DA	HOURS	MIN.
77	BIRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	8 AAA BDIE	NEVE	R MARRIED	9 BALTIMORE	CITY OR COUN			
1	Virginia		U.S.		WIDOWE	D	DIVORCED [Free	derick C	ounty,		MD.
I	CITY OR TOWN OF DE	ATH		OSPITAL, NURSIN			NSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING		OF BUSIN	ESS OR
4	Knoxville			Burkitts		Road		Engi	neer	B&C	Rail	road
1	SUAL RESIDENCE IF NUR 30 STATE	136 COUN	YTY	13c CITY OR TOW	N	13d. INSID	E CITY LIMITS?	13e STREET AD	DRESS / ZIP CO	DE	,	
4	Maryland	Fred	erick	Knoxvil.	le	YES 🗍	NO 💢	3823	Burkitts	ville F	load/2	1758
1	Welby		MIDDLE	CLAST	n		er's maiden nam Ditie		atrice	77.1	LASI	
4	WEIDY NO WAS DECEASED EVER		arter	Cox,							rby	
18	(YES NOOR UNKNOWN)	JE YES GIV	EWAR OR DATES	218-10-		17 INFOR		38	323 Burk	ittsvil	le Ro	ad
=			d War II			Mrs	. Mildred	a Grun (ox, Kno.			
1	PART I. DEATH V	Vr.	- 15	C. D.	1	0.	BETWE	OXIMATE INTE	DEATH			
L		IMMEDIA1	E CAUSE (#)	A Pro	بمرين	ser	- Coron	vvos	1			
Н	Conditions, if any	hi.h	DUE TO, OF	ASTICATIONE	NCE OF	th	Carelo	al l	remark	1	5 10	ins
	gove rise to im	mediate	h1_	o zerze	200		-,-,,	100	- 7/4/11	7	- Marie	-
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	PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERMI	INAL DISEASE C	OR CONDITION C	IVEN IN PART	lia	
	0			1. 24	12.0							
7	190 DATE OF OPERA	TION	196 CONDI	ION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPS	SY? 206. IF Y	TIFYING CAUS	DINGS USE	D
					200			YES N		YES [NO [
//	00.000110010111110		1 21b. TIME OF	INJURY A. MONTH DA	Y YEAR	21c. HOW	INJURY OCCURR	ED (ENTER NATUR	RE OF INJURY IN ITEM 1:	8 PART I OR PART 2)	
	(IF EITHER NOTIFY MED	ICAL EXAMINER	P.A		19							
	21d. INJURY OCCUR		21e PLACE C	OF INJURY SET, FACTORY OFFICE, FA	ARM ETC)	211 LOCA			TITY OR TOWN	COUNTY		STATE
		HILE DRK			_	1,0		2 0	-			
	220.1 certify that (I		111	deceosed from	7	///		, to	x 7	. 19	, that (I) (lost.
1	obove (I) (we) (did) (d	view the body	ofter death.	, or	nd that in (m	ny) (••••) opinion d	leoth occurred	on the dote and h			
1	1/0		1/1	W.	- 2	11	ATTENDING	MEDICAL	STAFF		TE SIGNED	
-	274 PHYSICIAN'S N	ME	The land	Mas	C 10	122e ADDR	PHYSICIAN XX	DIRECTOR	PHYSICIAN [Aug	. 10,	1987
1	Dr. Hen	//		M.D.			Vest 9th	Stroot	Freder	Solr Md	21 7	01
23	Burial, CREMATION		23b. DATE		AME OF C		R CREMATORY	123d LOCATE		ick, Mu	. 61/	<u> </u>
1"	ISPECIFY) Buria			,1987 Par					wick, F	rederic	k. M	d.
24	FUNERAL DIRECTOR J		and the second second second			-			USTRAR ISH REGI			
	100 Petersv					21716	AUG	1 7 198	1 simua	Connection		

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pagging the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN The low retoined by the hospital or attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	818	FOR STATE REGISTRAR	DEPAR		ELALTH AND MENTAL HYG	IENE 23	563	
		CEASED NAME FIRST	es ()	Cra	omwell	P /22	MONTH DAY YEAR	26 HOUR 0300 MM
	3 SEX	x Ma le	RACE White	Jul Jul	F BIRTH 7 26° 1919 7 1	6 AGE (IN YEARS LAST BIR	MONIHS DA	
5		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY U.S.A.	? 8 MARRIE WIDOWI	NEVER MARRIED DIVORCED		RCOUNTY OF DEATH	
4	F	rederick	11. NAME OF HOSPITAL, NURS (IE NOT IN SUCH FACILITY, GIVE STRE Frederick Mer	noria.		120 USUAL OCCUPATION OF WORK FOR MOST OF Lineman	E WORKING LIFE) INDUST	one Co.
\	13a. S	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORM NTY IGNORATE RESIDENCE BEFORM	WN	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS	ZIP CODE	21701
1	14 FA	THER'S NAME Calvin	C. Cromwel	Ll	15 MOTHER'S MAIDEN NAME FIRST Mary	MIDDLE	Be	iker
		VAS DECEASED EVER IN U.S. AI YES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 217-10		Mesdew Rd	anor T. Cr	omwell,	5950-A
	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) Meta DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	uence of	C a deno co (presume	arciación L primes INAL DISEASE OR CON	y-lung) DITION GIVEN IN PART	4 month
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	DAY YEAR	214 HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN HEM 18 PART 1 OR PART	2)
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, EARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
		sow the deceased alive as	oital) attended the deceased from	- J.		death accurred on the d	22c. DA	the causes stoted STE SIGNED
		Charles &	Clark 1	17)	4 W. T	Ilte St	Freder	ck, or O
		BURIAL, CREMATION, REMOVA	1		ivet Cemete	23d. LOCATION CITY OF TOWN PY Freder	ick Frede	rick Md.
		uneral director	& Baskori PodreA			E REC'D. BY REGISTRAR		NATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

UUXM		S C KAK			REG. NO.	W. P. Santa					
1		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
		BRUCE	ELIAS	CRUM	8	00100W					
	1, SE		1 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.					
S		ALE	WHITE	09 12 1903	71.0						
2/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH					
		D	USA	WIDOWED DIVORCED	0	MD.					
6	F	REDERICK	(IF NOT IN SUCH FACILITY, GIVE STREET 8551-A U.S. 15	North	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI FARMER	126 KIND OF BUSINESS OR INDUSTRY					
25	13a. S	STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOWN DERICK FREDERICE	N 13d INSIDE CITY LIMI	13e STREET ADDRESS / ZIP CODE 8551-A U.S. 15 North, 2170						
9		THER'S NAME		15 MOTHER'S MAIDE		Moren, 21/01					
(1)	W		SOLOMAN CRUM	MAMIE	. MIDDLE GROSHON						
03	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU								
1/		(IF YES, GIV	220-05-0	6967 Frances C	ederick, MD						
4		18 CAUSE OF DEATH (Enter or	lly ane couse per line far (a), (b) an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
-		PART I. DEATH WAS CAUSE	D BY:	unalancy	0	2 month					
9	170	IMMEDIA									
61		Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF 1							
1		gave rise to immediate	(6)		N TO LO						
oth		underlying course fast.	DUE TO, OR AS A CONSEQUENCE OF								
4.0		(c)									
100	O.	(honi	a Obstructi	UP Dulman	MTY DIGENST						
57	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?					
10	RTIFE					S NO					
\$ Q	18	THE RECEDENT WAS UNDERSTING.		216 HOW INJURY OF	CCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
17	3	OR CONTRIBUTING CALCE OF DE-	and the same of th	19							
5	MEDIC	YIM INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE					
Ped	2	AT WORL AT WORLD	(AT HOME STREET, FACTORY OFFICE, I	MARKET I							
2		77a I certify that With hosp	Lattended he deceased from_	19	to Now	19 that (I (we)) ast					
5		saw the deceased give on	viewall body after death.	ond that in my (our) op	ornian death occurred on the date and hor	ur and from the causes stated					
1		27h SIGNATORE	Visware opay after death.	DEGREE	<u> </u>	THE DATE SIGNED					
		LAIA	1117 0 11	AND TO AN ATTENDE		8/7/67					
3 1		224 PHYSICIAN STAME (119)	THE PHYSICIAN CONTROLL PHYSICIAN PHYSICIAN PHYSICIAN								
18		(asp	er E/1/	no w 3	00 W. 9th ST	- //					
3	23e. I	URIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	COUNTY STATE					
_		BURIAL		STHAVEN MEM.GARD	ENS FREDERICK FI	REDERICK MD					
A 7/84		JNERAL DIRECTOR G. DO	ADDRESS		DATE REC'D. BY REGISTRAR 256 REGIS						
5, 4)	1	621 Opossumtown	Pike, Frederich	k, MD 21701 AU	G 1 1 1987 1 1/2 Non	don Pulses					

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1621 Opossumtown Pike, Frederick, MD 21701

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<u></u>	FOR TE FOISTRAR			DEPART	MENT OF H	E OF MARYLAND TEALTH AND MENTAL HYP FICATE OF DEATH	~ ~ .	3 5 3 NO.	65	V
	CEASED NAME	FIRST	Fran	Klin	Eur	tis.	20. DATE OF DEAT		DAY YEAR	630AM
3 SEX	m _{Al}	1000	. RACE	$\mathcal{O}_{\mathtt{HITE}}$	5. DATE O		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	RTHPLACE ISTATE OR F COUNTRY) MD TY OR TOWN OF DEA		USA	WHAT COUNTRY?	WIDOW	ED NEVER MARRIED DIVORCED DO OTHER INSTITUTION	12a USUAL OCCU	DERICK	126 KIND O	MD F BUSINESS OR
	REDERICK		FREDER	ICK MEMO	RIAL	HOSPITAL	PAINTIN		INDUSTRY	
13a. S	AL RESIDENCE (IF NURS TATE 1D	13b COUNT	Υ	FREDERI	M	13d INSIDECITY LIMITS? YES X NO	H-204 Wa			1701
1	THER'S NAME FIRST CLARENCE		ıDDι€	CURTIS		15. MOTHER'S MAIDEN NA FIRST FLORENCE	MIDE		YOUNG	
	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		WAR OR DATES)	578-09-		Margaret E.				
N	Conditions, if any, gove rise to impressed (a), stating underlying cause	nediote ig the last	(b)	R AS A CONSEOU	ence of	I NOT RELATED TO THE TERM	MINAL DISEASE OR	CONDITION	GIVEN IN PART 10	
CERTIFICATION	19a DATE OF OPERA	TIÓN	196 COND	TION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES [
MEDICAL CER	210. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI	CAUSE OF DEAT	P.,	M. MONTH D M.	AY YEAR		RED (ENTER NATURE O	F INJURY IN ITEM I	8 PART 1 OR PART 2)	
MED	21d. INJURY OCCUR	HOLE		EET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
	220 I certify that (1) saw the decea abavy, (1) we (1) 22b. SIGNATURE				7.0	nd that in (my) our) apinion DEGREE			nour and from the	
	22d. PHYSICIAN'S N		/	men	funs	ATTENDING PHYSICIAN 220 ADDRESS	DIRECTOR PH	STAFF HYSICIAN [8/	21/87
	ROBERT			Ť.,		804 Tollhou			ick, MD	
	BURIAL, CREMATION,	REMOVAL	23b DATE			CEMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	k MD
	URIAL UNERAL DIRECTOR	G. DOU	8/24/8 GLAS ST		stnav	ven Mem.Garden	TE REC'D. BY REGIS	TRAR 256 REG	Frederic	

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STATE OF MARYLAND

AU 24 Histrar I DECEASED NAME THE OWN OF THE THIRD CONTROL OF THE THIR	~	STATE OF MAKTLAND						
MADELINE A. DYS. MADELINE CHARACTER COUNTY OF DEATH PERMISPIVARIA J. SEX. Female J. BERNPIACE CIMIT OF ORGANIA J. S. A. MARRED J. BERNPIACE CIMIT OF ORGANIA J. S. A. MARRED J. BERNPIACE CIMIT OF ORGANIA MARRED J. BERNPIACE CIMIT OF ORGANIA MARRED J. BERNPIACE CIMIT OF ORGANIA MARRED J. BERNPIACE CIMIT OF COUNTY OF DEATH Frederick Country MADELINE J. BERNPIACE CIMIT OF ORGANIA MARRED J. BERNPIACE J. BERNPIACE CIMIT OF ORGANIA MARRED J. BERNPIACE J	538 AUG	21	FOR SOTE REGISTRAR	17.00	CERTII	FICATE OF DEATH	REG. NO.	67
September Sept	m. F		00.000 71			LAST		DAY YEAR 25 HOUR
Female Female	y be		MADGLI	VE A.	D	YER		1111/3.437
Female Table Planter (Subjoided Not Market Not Market Not Washed Not Washed Not Worket Not Not Not Not Not Not Not Not Not No	s ofter death. Page 4 m. by the funeral director, p. led within 72 hours after hotified at ance.	3. SE					6 AGE (IN YEARS LAST BIRTHDAY)	
Second S			Female	White	Augu	st 18, 1903	TRS.	
Trederick Conditions, if any, which governed to memorical and an analysis of the memorical and analysis of the memorical and analysis of the memorical and an anal					MARRIE			
JUSTALE FOR DEATH STANDE 194 STREET ADDRESS / ZIP CODE 194						OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE DE WORK FOR MOST OF WORKING I HOMEMaker	126 KIND OF BUSINESS
15 FATHER'S NAME IRSS IRS ACCURATION IN SARRE FORCES? IN SOCIAL SECURITY NO. IN INFORMANT IN IN	hou hou	. USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13 COU	other institution give resident 134 CITY (NCE BEFORE ADMISSION) OR TOWN 10 11 CLC			
18	the hospital or attending physician. It DIRECTOR. After this certificate hos been significant or action and complestance or use as the buriol-transit permit. Then it is not need to use as the buriol-transit permit. Then it is not need to use of the buriol-transit permit. Then it is not need to use the buriol-transit permit. Then it is not need to them 18 shows ony injury.	14. F.	FIRST		LAST	FIRST	AME	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), storing the underlying couse lost. OUT DIE TO, OR AS A CONSEQUENCE OF LOS ACCURRENCE TO CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I to BETWEEN ONNIEL CONDITION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION				IVE WAR OR DATEST			5124 Doubs F	Road
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OR		CATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c) AR	TERIOSCU ING TO DEATH BUT	I NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	ES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OR		ERTIFI	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO NO	YES NO
DEGREE 220. I certify that (I) (this haspital) attended the deceased from 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10				ALIF				
220. I certify that (I) (this haspital) attended the deceased from AUGUT 19 1 to AUGUST 19 1 that (sow the deceased alive on above. In two) (did) (did not) view the body after death 19 20. DEGREE 220. I certify that (I) (this haspital) attended the deceased from AUGUST 19 1 to AUGUST 19 1 that (sow the deceased alive on above. In two) (did) (did not) view the body after death 19 20. Ond that in (my) (earl) apinion death occurred an the date and hour and from the couse above. In two) (did) (did not) view the body after death 19 20. DEGREE 220. I certify that (I) (this haspital) attended the deceased from AUGUST 19 10 to AUGUST 19 10 that (sow the deceased alive on above. In two) (did) (did not) view the body after death 19 20. DEGREE 221. DATE SIGN 222. DATE SIGN 223. PHYSICIAN'S NAME (IVPE OR PRINT) 224. PHYSICIAN'S NAME (IVPE OR PRINT) 225. ADDRESS 226. ADDRESS 226. ADDRESS 227. DATE SIGN 227. DATE SIGN 228. ADDRESS 228. BURIAL, CREMATION, REMOVAL 238. DATE 239. BURIAL, CREMATION, REMOVAL 238. DATE 230. BURIAL, CREMATION, REMOVAL 238. DATE 230. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY			214 INJURY OCCURRED	21e. PLACE OF INJURY	1	21f LOCATION STREET	CITY OR TOWN	COUNTY
sow the deceosed olive on obove, Httve) (did) (did not) view the body after death 19 19 19 19 19 19 19 1			-	oital) attended the decease	d from AUG	057 19 79	to AUGUST	. 19
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA						nd that in (my) (ear) apinian	deoth occurred an the date and ho	our and fram the couses stated
PHYSICIAN DIRECTOR DHYSICIAN DHYSIC			226 SIGNATURE	or) view the body after deat	M	DEGREE		220 DATE SIGNED
22d. Physician's Name (type of Print) Dr. Deorge I. Smith, Jr., M.D. 22d. ADDRESS 310 West Ninth Street, Frederick, Md. 23d. Burial, Cremation, Removal 23d. Date 23d. Burial, Cremation, Removal 23d. Date 23d. Name of Cemetery or Crematory 23d Location (if of town county)			(Fine	100	1 1.	ATTENDING PHYSICIAN	MEDICAL STAFF	8/15/87
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY	PITA by by Stot			OR PRINT)	4		DOINECTOR ALBITISICIAN E	1 1 1 1 1 /
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY	O FUN hould the			194			nth Street, Fred	derick, Md. 21
RATION TAIL THE TAIL THE CONTROL OF	BP	23a	BURIAL, CREMATION, REMOVA				CITY OR TOWN	ederick. Marvl
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(VRA 15, 4)

SEPOS NEW CLASSICIPATE

Item 15, Film G630 8-20-87

per Funeral Home SB

2356 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH - STATE REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 26 HOUR ROBERT LEE FOGLE, SR. 6 AGE (IN YEARS LAST BATHDAY) BALTIMORE CITY OR COUNTY OF DEATH Frederick 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Dairy Farming 13e.STREET ADDRESS / ZIP CODE 5302 B Woodvi TIE Thompson ADDRESS Address: Same as above Agnes Marie Fogle Carello ovoiscalas Dise CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (my) (par) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 8.14.87 DIRECTOR PHYSICIAN Burial 8-15-87 Fairmont Libertytown .Fred. Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1621 O'Possumtown DHMH - 16 60M°7/B4 Douglas Stauffer Frederick, Md. (VRA 15, 4)

STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENT CERTIFICATE OF DEATH

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	ECEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
,	z on many	Violet		T.,	FRT7	ZELL	August	27.79	87	2:58 1
3. SE	X		RACE		5 DATE O)F BIRTH	6 AGE (IN YEARS LAST B		IF UNDER I YEA	
1	Female	/	Whit	e	Jul		68	YRS	MONTHS DAYS	HOURS - M
	IRTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		Y OF DEATH	
7	Maryland	1	USA		WIDOWE	DINEVER MARRIED DIVORCED	Freder	ick Co	untv	
10 CI	ITY OR TOWN OF DE	ATH 11			IG HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPA	12b. KIND	OF BUSINESS	
	Frederick		Freder	ick Memor	rial H	lospital	Clerical	OF WORKING LI	Publ	ishing
130. S	AL RESIDENCE (***) STATE Aryland	136 COUNTY		Mt. Air	'N I	13d INSIDE CITY LIMITS? YES NO X	3926 Twin	Arch	Rd. 21	.771
IN EA	ATHER'S NAME	MID	ODEE	LAST		15. MOTHER'S MAIDEN NA	ME			467
1	Harve		W.	King		Martha	Paulin	е	Burdet	te
	WAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SECU	IRITY NO.	17 INFORMANT	4367°R			
	No	the sea, one w	AR OR DATES)	213-18-9	9168	Louise Smit			7	
	18 CAUSE OF DEAT	H (Enter only o								LONGET MUTERVAL LONGET AND DEA
	Conditions, if any gave rise to im couse tol, state underlying couse	VAS CAUSED E IMMEDIATE (, which mediate ng the last.	DUE TO, OF	r as a conseque r as a conseque	ENCE OF	e oranin	aner	NOITION CIV		
ICATION	Conditions, if any gave rise to im couse tol, state underlying couse	which mediate (DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITTIBUTING TO E	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES	EN IN PART 1	INGS LISED
RTIFICATION	Conditions, if ony gove rise to im couse Io1, stati underlying couse PART 2 OTHER SIG	vas Caused E IMMEDIATE (), which mediate ng the lost.	DUE TO, OF	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO E TION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM NOT RELATED TO THE TERM WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES	EN IN PART 1	INGS LISED
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requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

064555

director, page 3

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTA		FICATE OF DEATH	IENE 23	571	0.75	
	E IN D NAME OR PRINT)	FIRST Mae		MIDDLE	GAI	RST	August 23,		26 HO 1:55	
3. SEX	Female		4. RACE Whi	.te		DF BIRTH 27, DAY 1898 AR	6. AGE (IN YEARS LAST BIRTH		TYEAR IF UNDE	R 24 HRS
	RTHPLACE ISTATE ORFO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR Frederic			MD
	ddletown	ТН		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO ITYPE OF WORK FOR MOST OF Y HOMEM aker		IND OF BUSIN STRY OM. C	ESS OR
13a. S	AL RESIDENCE IIF NURSI TATE Tyland	13b COUN	other institution oty lerick	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Freder	N.	134 INSIDE CITY LIMITS?	7709 Sunday	zip code	21701	
14. FA	THER'S NAME Charles		widoft.	Knill ^{last}		15 MOTHER'S MAIDEN NAME Estella	ME MIDDLE	Rid	dlemos	er
	VAS DECEASED EVER I		MED FORCES? E WAR OR DATES) None	217-74-C		John H. Gars	9203 Star	s affer Ros	d 21703	
	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	lly ane cause per D BY [E C AUSE (a)	lingfor (a), (b), and		. of colo	^	BE T	PPROXIMATE INTE	RVAI D DEATH
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE F	INDINGS USE	TH?
	210. ACCIDENT WAS UND	AUSE OF DE	5777	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES TIN ITEM 18 PART 1 OR PA	NO [
MEDICAL	JIE EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHI AT WORK	ED	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TOW	N COUM	uTy .	STATE
	22a.1 certify that (A) saw the decease obove, (1) (we) (d	d alive an	8/19	3 19	Man	nd that in (my) (our) opinion	, to 3 2 3 death occurred on the date	e and haur and fro	, that off m the couses s	
	226. SIGNATURE	. Q	utis	Just.	9		MEDICAL STAFF		DATE SIGNED	27
	Dr. A. A			e, Jr., M	В.	22e ADDRESS 310 West Nin	nth Street,	Frederick	, Md.	2170
230 E	SURIAL, CREMATION, F	REMOVAL	23b. DATE Aug 26			ven Memorial (23d LOCATION CITY OR TOWN ardens Frede	erick, Fr	ederic	STATE K. M
24 FL	mitin, heen	ey a	nd Basic	hart.	20	25a DAT	E REC'D BY REGISTRAR 2		GNATHRE -	-

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove corbin with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or in IMPORTANT: If Hem 21 is marked at Item 18, shows any injury, or other traumatic STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGICHE
CERTIFICATE OF DEATH

1		CEASED NAME	lara		rail	Gi	LSON		20. DATE OF D	DEATH ME	10	87	1955	- M
	3. SE)		1	RACE	White	S. DATE	OF BIRTH	1 905	6 AGE (IN YEA	RS LAST BIRTHDA		UNDER I YEAR	IF UNDER 24 H	HRS
2	1	RTHPLACE (STATE ORF Maryland		U.S	WHAT COUNTRY?	WIDOW		NORCED [erick	Count			MD.
1		Frederick		Frede	HOSPITAL, NURSIN HEACHTY, GIVE STREET PICK NEMO	rial	Hospit		12ª USUAL O	OR MOST OF WO	ORKING LIFE)	126 KIND O INDUSTRY	F BUSINESS Retail	
2	130 S Ma	aryland	136 COUNT		131. CITY OR TOW Frederi	N_	13d. INSIDE YES 🗶	CITY LIMITS?		rail A	venue	/ 2170	01	
		John	Not	ley	Trail			'S MAIDEN NA FIRST Mamie	AME	MIDDLE		Coole		
		VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	214-10-		Mrs.		. Main,				land21	701
		PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE		line for 101, 164, on	it is	tio					BETWEEN C	MATE INTERVAL	ATH
	NO	Conditions, if ony, gove rise to imm couse (o), storin underlying cause	mediate ag the last.	(b) DUE TO, OI	R AS A CONSEQUE	ENCE OF	Long TNOT RELATE		MINAL DISEASE	OR CONDITI	on Given	IN PART 110	3	
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERF	ORMED	200 AUTOP			VERE FINDING CAUSES		,
	MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIB	CAUSE OF DEAT CAL EXAMINER) RED HILE	P. 21e. PLACE (AT HOME, STR	M. MONTH DAM. OF INJURY REET, FACTORY, OFFICE, F	19 ARM ETC }	211 LOCAT	Jour opinion		CITY OR TOWN	18719 1 100° a	COUNTY	The Service) lost
1		22d. PHYSICIAN'S NA Robert		ufmann	1	715	72E ADDRE	55 /	h St.,		-	Md. 21	1701	_
	- (SURIAL, CREMATION,	2	. 44	4000		CEMETERY OF		23d LOCAT	RIOWN		Shingt	on I	
	10	UNERAL DIRECTOR S	erch S	keeney treet.	Frederick	c, Md	neral 1	OME250 DA	1 7 198	37 Jul	REGISTRA	R'S SIGNER	URE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

23573

DEPARTMENT OF HEALTH AND MENTAL AYGISHE - STATE CERTIFICATE OF DEATH REG.-NC 9 87 D NAME MIDDLE 20. DATE OF DEATH 76 HOUR DIRECTOR PROVIDE MARGUERITE ALEXANDRINE GRABENSTEIN ~ 98/14/187 2000 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. 3EA ME LINDER I VEAR MONTH 2/13/14 YEAR FEMALE WHITE 72 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUMARYLAND II.S.A. FREDERICK WIDOWED DIVORCED [10 CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR HOUSEWIFE 9507°WOODSBORO°RD FREDERICK HOME 130. STATE 13b FREDERICK 130 STREET ADDRESS ZIP CODE RD. 21701 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME JOSEPH A. MCDERMOTT LAST MARGUERITE LAWLER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO OR UNKNOWN) (IF YES NONE OR DATES) 215-22-0833 JOSEPH S. GRABENSTEIN 9507 WOODSBORO RD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH :Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: certinome of colon 6-12 moor IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Dring 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ORK NOT WHILE IN. I certify that (1) this haspital) attended the deceased from_ saw the deceased alive an above, (I) (we) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE 22c DATE SIGNED Milley mo ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN william C. 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS SHRY AVE William 23b. DATE 08/17/87 ST. PETER'S CEMETERY 23d LOCATION BURTAT, REMOVAL CITY TETBERTYTOWN COUNTREDERICK MD

DHMH - 16 60M 7/84 (VRA 15, 4)

CRIAN

24 FUNERAL DIRECTOR HARTZLER

A BERTYTOWN, MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE a weighoon pandalle

STATE OF MARYLAND	10.00
DEPARTMENT OF HEALTH AND MENTAL	HTGIENE
CERTIFICATE OF DEATH	-

23574

064034 AUG	28	REGISTRAR		DEPARTM	ENT OF HEALTH AN CERTIFICATE OF		IENE 23	57	4	
		CEASED NAME FIRST	MIDDLE		LAST	1.5	20 DATE OF DEATH	MONTH DAY	YEAR 26 HO	UR ·
ay be age 3 death		17878		Rue	(FREEN		AUC /	23/19	F7 2:	15 M
ar, p	3 SE		4 RACE	No.	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR	THDAY) \ IF U	THE DAYS HOURS	MIN.
		Female IRTHPLACE (STATE OR FOREIGN	Black 76. CITIZEN OF WHAT	COLINITAVA	May 19	1909	7.8	YRS	DEATH	
1 425		COUNTRY)			MARRIED NEVE					
2	10 C	Maryland ITY OR TOWN OF DEATH	U.S.A			DIVORCED [Frederic		L V 12b KIND OF BUSIN	MD. NESS OR
- WIN	F.	rederick	North Han		Manor N.	Н	Housewif	OF WORKING LIFE)	Home	
	UsU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RE	SIDENCE BEFORE	IDMISSION)				nome	
8 2 15 25				ibert	town YES	NO [130 STREET ADDRESS .	rth St	. 2176	2
4 42 /600	14. F	ATHER'S NAME	WIDDLE	LAST		R'S MAIDEN NA			IAST	
A STAC	1	Augustus		loy		Hallie	wippre		Bigg	us
Age of the last		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECUR	ITY NO. 17 INFOR	MANT	408	SCarro	11ton D	r.
TIMO		NO (IF YES, C		4-36-0	919 Char	les Gr	een Jr.	Frede	rick, M	
BAL Special St. Sh		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly ane cause per line fo	r (a), (b), and			<u></u>		APPROXIMATE INT	ERVAL ID DEATH
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0			DUE TO, OR AS A	CONSEQUE	NCE OF	E MET	LIZATTASEJ			
a Can		Canditians, if any, which gave rise to immediate	(b)							
		cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUE	NCE OF					
8		PART 2 OTHER SIGNIFICANT		BUTING TO D	EATH BUT NOT RELAT	ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART IIo	
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OF 111 19		OR CONTRIBUTING CAUSE OF D		NONTH DA	Y YEAR					
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HOSPI PONE H He SS		G.I. Smith	OR PRINT)	/	300		h St Fred	erick	Md. 217	01
0 € 2 € 1 § /		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	AME OF CEMETERY O	R CREMATORY	23d LOCATION			
BP		(SPECIFY) Burial	9-26-87	Jo	hn Wesle	ey Cem.	Libert	ytown	Frederi	ck Md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR			Terre
(VRA 15, 4)		D.D. Hartz	ler	Liber	tytown,	Md AUG	26 1987 fu	in Davidso	a-Mandese	1

executed within 24 haurs after dea DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

063263 AUG	G 20	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	JENE 2,3 5 /	75
		DECEASED NAME FIRST		MIDDLE		A5T	20 DATE OF DEATH - MONTH	25. HOUR
ny be oge 3 deoth		Augu	st		GU	BATZ	August 11, 1	.987 1:50a M
mo)	3.	SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR OF UNDER 24 HRS
ge 4		Male	Whit	e	Nov.	9, 1897	89 YRS.	IONTHS DATS HOURS MIN.
n. Fo	7 70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
death		Germany	U.S.	Α.	WIDOWE		Frederick Count	cy, MD.
he fu	10	CITY OR TOWN OF DEATH	(JE NOT IN SU	CHEACILITY GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
by the	1	Frederick	Homewood Reti		rement Center		THE OF WORK TOWN MOST OF WORKING EN	INDOSTRI
AND 212 24 hoursthe	C II	SUAL RESIDENCE (IF NURSING HOW STATE 13b. CO Maryland Fr	ederick	GIVE RESIDENCE BEFORE 13. CITY OR TOW Frederi	ADMISSION) CK	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 6902 Bowers Ro	pad/ 21701
esty short	14	FATHER'S NAME	MIDDLE	1 4 5 7		15 MOTHER'S MAIDEN NAM	WE	
MAI mple	1/1	August	MIDDLE	Gubatz		Bernadin	e	(UNKNOWN)
RE, ecut	16	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT Jar	nes GroveDDRESS	
Mo e ex		(YES NO OR UNKNOWN) [IF YES	None war or dates)	578-34-7	254	6091 Fountain	n Drive, Frederic	k. Md. 21701
ST., BALT		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	only one couse pe USED BY: DIATE CAUSE (a)	0 -	dia	Arrest		APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH
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DS, 2 sugardan sugardan po bu	3		INAL DISEASE OR CONDITION GIVE	N IN PART I a				
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requirentening physicion. Ifter this certificate has been signs the burial-transit permit. There is and Mental Hygiene prior to be an order or term. If shows any injury or the difference of the prior o	7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Edem (OPERATIO	N WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
ON OF VITA YSICIAN. T stanfactor Secreticate Sound-transit Mental Hygin r Item. 38 sh		OB CONTRIBUTION CAUCE OF	DEATH HOUR A		YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART) OR PART 2)
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TTENDIN priot or TTOR: Af for use o of Health		22a I certify that (I) (this his saw the deceased alive above, ([) (we) (did) (did)	on 7/6) 19	51	nd that in (my) (aur) apinion of	to 8 10 , 1 death occurred an the date and hour	ond from the causes stated
ral Ox a y the hos a tal DIREC detached detached out Dept		226. SIGNATURE	Fresh	111	10		MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED Aug. 11, 1987
HOSPITAL ned by th FUNERAL Jid be det rhe Store		224 PHYSICIAN'S NAME (T				22e ADDRESS		
7 5 - 5 4 6		James A. Fi	rizzell,	M.D.		300 Park A	venue, Frederick,	Md. 21701
Bb		BURIAL, CREMATION, REMOVE (SPECIFY) Burial	A	14 1007	114 0	EMETERY OR CREMATORY	23d LOCATION	COUNTY
DHMH - 16 60M 7/84 (VRA 15, 4)	24	FUNERAL DIRECTOR Smith 106 East Church	n, Keeney n Street,	& Basfor	d Fun k, Md	eral Home 250 DATE AUG	Frederick, Fre	CARIS SIGNA PURELARS

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

061597

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE 2357 6

	REGISTRAR			CERTIF	ICATE OF DEATH	1	REG. NO.			
	DESCASED NAME FIRST		MIDDLE	11.	AST ICED	21	DATE OF DEATH MONTH	DAY YEAR	26 HOUR	-
	XXXXXXXXXX	WARET	ELIZABETH	170	OVER			01 1987		٨
	3 SEX	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS		_
	FEMALE	WHITE		08	17 190		85 YR			
3	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	D 0 9	BALTIMORE CITY OR COU	NTY OF DEATH		
2	MD	USA		WIDOWE	DIVORCE	D	FREDERICK		MD	
ij	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTIO		TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR	
1	FREDERICK		D RETIREM		CENTER		HOUSEWIFE			
	USUAL RESIDENCE (IF NURSING HOME OR 13a STATE 13b COUN		136. CITY OR TOW		13d INSIDE CITY LIM	AITS? 13	e STREET ADDRESS / ZIP CO	ODE		
	MD FREDE	RICK	FREDERIC	CK	YES NO	X	7905 Opossumt	own Pike	, 21701	
١	14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	ENNAME	WIDDLE	L	AST	
j	GEORGE M.		KIDD		MAMIE		F.	YO	UNG	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS Fr	ederick,	MD	
d	NO N/		216-46-5	146	Lloyd K.	Hoove				
	18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), and	1100	1			APPRO BET WEED	XIMATE INTERVAL	=
	PART I. DE ATH WAS CAUSE	D BY: 'E CAUSE (0)	S	my.	202					
		DUE TO O	R AS A CONSEQUE	NCE OF						
	Conditions, if any, which	(ıb)_				-				
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF		115				
	underlying couse last	(c)								
	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	DATRIBUTING TO D	EATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CONDITION	GIVEN IN PART 1	0 /	_
	10 ASHO.	/	anto	w	ans	Du	whiley	rent	when	1
	THE DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED			YES, WERE FIND		
-	HI I						YES NO	YES	NO [
		I HOLLO A	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY C	OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEA	in .		19						
	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE	OF INJURY	A DAM ETC)	211 LOCATION		CITY OR TOWN	COUNTY	STATE	-
	WHILE NOT WHILE AT WORK	(ATHOME STA	TELL, PACIONY, OFFICE, PA	KM EIC J						
П	22a I certify that (I) (this haspi	tal) attended th	e deceased from	Sy	17 19	65	, to	19	that (1) (we) last	
	sow the deceased alive on above, (1) (we) (did) (did no	t) view the body	offer death.	, or	nd that in (my) (our) a	pinion deo	oth occurred on the date and	hour and from the	e couses stated	
ı	22b. SIGNATURE	V			DEGREE	31 17		22c DAT	ESIGNED	_
1	D So	220		W	ATTEND PHYSIC	ING ING	MEDICAL STAFF DIRECTOR PHYSICIAN	8	-551	
	224 PHYSICIAN'S NAME (TYPE O	RPRINT)	~ 2/-		22e ADDRESS		× m. /	111	1 /	_
	Thomas	51	0/1/		7W3	will	Rederi	12/1/	1)	
	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMA	TORY	23d LOCATION			-
	BURIAL	8/4/8	7 MT	. OL	IVET CEMET	ERY		REDERICK	MD	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept. of Health

IMPORTANT: If he

G. DOUGLAS STAUFFER 24 FUNERAL DIRECTOR 1621 Opossumtown Pike, Frederick, MD

21701

AUG 3 1987 Julia Derder College

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEMS CERTIFICATE OF DEATH

23577

									1160		- 20			
		CEASED NAME CORRENT	TRST		ADDO		437		7E DATE OF DEATH	2	Day	Arr	N HOL	IR I
			LLIE			_	TEN		(rug	41	81	70	lin
	3.5E)	X		4. RACE		5. DATE C	DATE	YEAR	A AGE INVENTION	III CON	HIDNING.	DAYS.	A UNION	AFAL.
	F	EMALE		WHITE		01	30	1909	78	YE	S.			
1		RTHPLACE	DECO-	7h CITIZEN OF	WHAT COUNTRY?	MARRIE	n D NEVER	MARRIED [9. BALTIMORE CIT	OR COU	NTY OF D	EATH		
U	100	C	1	USA		WIDOWE	DEX E	NORCED [FREDERI	CK			-	MD.
1	In Ci	ITY OR TOWN OF DE	ATH.		HOSPITAL NURSING		OR OTHER IN:	STITUTION	17s USUAL OCCUP		176	KIND O	FBUSIN	ESS OR
0	F	REDERICK	1		N NURSING				COSMOTOLO		1	PUDITE!		
1	Usus 13e-1	AL RESIDENCE +F NUM	No COU		DIL CITY OR TOWN		LIM BUSINE	CITY LIMITS?	THE STORET ADDRESS	S / 710 C	- Vie	100		
9	M		CAR		WESTMINI		YES []	NO X	LITTLEST	OWN P	ÎKE	211	.57	
1	10/8/	THER'S NAME	-	202	1000014		15 MOTHER	'S MAIDEN NA			100			1111
0	LG	EORGE	W.	w00v1	PALMER		SUSAN	1	+1000		SAN	DERS		
W)	16n. V	WAS DECEASED EVER	IN U.S. AF		146 SOCIAL SECUR	BITY NO:	17 INFORM	ANT	AD	DRESSFr	ederi	ck.	MD	
1		VES. HO OF UNKNOWN		A WARDEDATES	579-12-18	84	Lawre	ence Des	Santis 753					Pike
	-		1				_ aana			-	1	APPROXIT	-	FEEL
1		PART I. DEATH W	AS CAUSE	D BY	Million by all	1/	ashin	Alm	a nui	14		HI-MICH C	HUTAN	DEATH
		1	IMMEDIA	TE CAUSE INL	june	10	you	a co	Java			2-0	n	1
		200		DUE TO, O	R AS A PHISEDLE	NCE OF	1/	Till			-	200	140	71
	100	Conditions, if only		(6)	Ruple	w	70	mu.	me	_	-	in	-	-1
		come (a), statis underlying cause	Company of the Compan	DUE TO, OF	/ EFF1		9		>		3	11	200	1
	10		A	(1)	June		uv.				-	Ju		
	Z	PARI Z. OTHER SIE	d -	11	ON THIBUTING TO D	EATH BUT	NOT RELATE	O TO THE TERM	INAL DISEASE OR C	NOITION	ONEN IN	BANT THE		
_	CERTIFICATION	19s. DATE OF OPERA	UN AC	auce	TION FOR WHICH O	DEERATIO	N WAS DEDE	ORMED	I 25s AUTOP5Y?	120h 10	YES, WER	E Engris	ACS HEE	0
1	B	THE DATE OF SPERM		INC. COND	III CHI TOR WHILIT	OF EMPLINA	N. HALLENS	WHOME LA		IN CE	RIFYING	CAUSES	OF DEAT	THE
_	E	21s. ACCIDENT WAS UN	DERIVED F	7 21E TIME O	E BUDDEN		Tall Money	NUMBER OCCUPY	YES NO	4	YES []		NO [1
1		DE CONTRIBUTING	THE RESOURCE THE	1,000,000 6		Y YEAR	I I I I I I I I I I I I I I I I I I I	NJURY OCCUR	RED Cannie nature or	PARTY OF THE PA	THE PART CA	(PART 2)		
7	Š	LIFERINER, NOTES WED	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		Marine and a second	19				112.165				
	MEDICAL	THE INJURY OCCUR		THE PLACE !	OF INJURY HET FACTORY OFFICE FA	OM TICE	211 LOCAT		ciero	e foliwhi	. 109	DUNTY	3	1988.
	1	WHILE NOT WE AT WO	er [19	0	01	-	0		7		
		22s I certify that (I)	HEROSETH CARD	1 / /	Propert from_	50	yau	19 a	2 10 2/	ung	19_2		that it f	2577
		saw the decease above, (II (we) is		at view the body	other death	1/ 01	That in (my	enus opinion	death occurred on th	e date and	hour and	rom the	mores sh	ated
		776 SIGNATURE					DEGREE			J. V. W. H.	7.	A DATE	SISNED	0-
		70	1	2		4	24	PHYSICIAN [DIRECTOR PHO	SICIAN [286	luc	0/
1		224 PHYSICIAN'S N	AME ITHE	China P	III III		22e ADDRE	ss, 1.	H Hel	Fa			1	
1		TAREA	1	DROT	ones		40	eu/	ury	TRE	PER	1ac	M(1)	
	33s. 6	SURTAL, CREMATION.	REMOVAL	73b. DATE	23c. N	AME OF C	EMETERY OF	CREMATORY	23d LOCATION					
	1	REMATION		8/28/8	7 Ro	stha	venMem	Cremat	Freder	ick	Frede	ericl	e M	DATE

DHMH - 16 60M 7/84

G. DOUGLAS STAUFFER 1621 Opossumtown Pike, Frederick, MD 21701 (VRA 15, 4)

SEP 01 987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 6 3 3 3 9 AUG	24	FOR TE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	TENE 23	578	3
o 6. E		CEASED NAME FIRST	lana	MIDDLE		AST	20. DATE OF DEATH		26 HOUR
ay be death death		Dorot		U.		TERMAN	August 15		LO A. M
ge 4 mc ector. p	3. SE.	Female	* RACE White		OCT.	19, 00 1922 EAR	6 AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS
nerol dir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	R COUNTY OF DEA	
oy the fu		ty or town of death Frederick	31 Las	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST C	F WORKING LIFE) INDU	IND OF BUSINESS OR
AND 212 24 hour filled in t	13a		other institution	GIVE RESIDENCE BEFORE	N -		13. SIREET ADDRESS 31 East F		
MARYL MARYL	18. FA	James	HIDDLE	Ford		13 MOTHER'S MAIDEN NAM	May		Redmond
In one of the control	Sán V	VAS DECEASED EVER IN U.S. AN	MED FORCEST I WAR ON DATES ONE	219-07-L		Harry W. Ket	ternan, Fra	East Fif	th Street
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 *** NG PHYSICIAN: The law removes that the control of the control o	Z	III CAUSE OF DEATH Enter of PART I DEATH WAS CAUSE IMMEDIA Conditions, if only, which gave rise to immediate cause to interest the underlying cause lost. PART 2 OTHER SIGNIFICANT I	DUE TO, O	IR AS A CONSEQUE	an	July Sul	is all all	(5415 6 mos
TALRECORE The later from the horizon programment from the horizon programment from the second programment from the	CERTIFICATION	14. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING			OPERATIO	N WAS PERFORMED	70s AUTOPSY7	20L IF YES, WERE A IN CERTIFYING CA YES []	NO [
SICIAN: SICIAN: Certifica certifica orial-trar kental Hy item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE	HOUR A	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1-OR PA	RT 2)
NG PHY offer this os the but thand M orked or	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	RM EIV	TH LOCATION	1.7	5	ID MANE
Spital or Spital or CTOR A I for use of Heal		22a. I certify that (I) (this haspi naw the dependent of a above, II was to all the no	July	19	3/7.01	nd that in (my) (our) opinion o	leoth occurred on the de	ote and hour and fro	that (I) (we) lost in the causes stated
HOSPITAL OR A mined by the house by the house by the house by the house by the Stote Dept on Stote D		224 PHYSICIAN'S NAME COME	lp	3		ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF S	DAT SIGNED
TO HOSPIT TO FUNER Should be a with the Ste		Dr. Timothy	Hickey,	Jr., M.D		Parkview Med:		, Frederic	ck, Md. 21701
BP	{	Burial Burial	Aug. 1	9, 1987 M	t. 01	ivet Cemetery	Frederic	k, Freder	ick, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F)	Shirth, Reeney				ome 27.701	2 0 1987	26 REGISTRADS SIG	GNATURE

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A STATE OF THE PARTY OF THE PAR		
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		1	Items, 18a.,	Part #2	, 21b., 22a.	, G-631, STA	TE OF	MARYLAND		,	9
16	4.980 SEP	-91	FOR by Med.	Exam.,	/ Gbj. MED	ICAL EXAMIN	HEALTI	CERTIFICATE	POEATH 25	5/	
		1. DE	CEASED NAME	FIRST		WIDDLE		LAST	20 DATE KNOWN	MONTH	DAY YEAR 26 HOUR
	25 52 52 F.	(TY	PE OR PRINT)	Sun		lae .	K	ira	OF ESTI-		28/19 87
	TREE	3. SE	X 4 RAG		5. DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHD	ARS IF U	NDER 1 YR. IF UNDER		MONTH	DAY YEAR 2d HOUR
	ANECESSARY, PLEASE E FUNEXAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS I'W PRESION STREET,	Fe	male Asi	an	Aug 23 1		RS. MON	HS DAYS HOURS	MIN PRONOUNCED DEAD	8/	28/19 87 7:00 P M
	A SESSAL A S		SIRTHPLACE (STATE OR OREIGN COUNTRY)	1.071.	76. CITIZEN OF WH.	AT COUNTRY?	MARE	IED X NEVER MARR	IED 9 BALTIMORE CITY	OR COUNTY	Y OF DEATH
	SAN SAN A		Korea		Korea				Frederick		
	SHOE SHOW	100	ITY OR TOWN OF DE		(IF NOT IN SUCH FAC	ITAL, NURSING HOM LITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING LIFE)		OR INDUSTRY
	DELA TOT TOT TO	THE !	Freder			ck Memoria		pital	Domestic		Cleaning
	AND 3 AND 3 RETAIL	130 9	aryland	Mont g	Y	Gaithersb		13d. INSIDE CITY LIMITS? YES TO NO		Drive	2/20879
	MD. 17.2.	14.F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	EN NAME MIDDLE		LAST
	ORE, MI DEATH. GGES 1, CGES 1,	4_	Но		Bung	Kang		Mu	Sun		Cho
	BALTIMORE, M SAFIER DEATH GIVE PAGES 1. THE FORM PM PAGES 1 PM 22 PAGES 1 PM 22 PAGES 1 PM 22	0	WAS DECEASED EVER YES, NO, OR UNKNOWN)	(IF YES, GIVE V		220 96 71		17 INFORMANT	Caube, see # 13		
	A SEESS	n		711/5			02	Sun nui i	.aube, see # 13		APPROXIMATE INTERVAL
	ST.	1	PART I DEATH V		y ane cause per line f	or(a),(b), and(c)) g (imipramin	ol in	tovication			BETWEEN ONSET AND DEATH
	NO RESERVE		2777	IMMEDIAT		S A CONSEQUENCE		COX (Ca C (OII			
	W. PRESTON ST.,		Conditions, if								
	W AND SO		gave rise ta cause (a) statin	g the under-	DUE TO, OR A	S A CONSEQUENCE	OF	- 15.7	A District		
	201 ENAPERA ON.	1	lying couse lost		(c)	10.00					100 years 1534
	RECORDS, LD BE EXEC PENDING" REDING" ARDICAL D AS A BUR HEALTH ANI HEALTH ANI CREMATI		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	MINAL OISEA	E OR CONDITION GIVEN IN PA	RT 1 10		
	A A A A A A A A A A A A A A A A A A A	N N				ssive disorde					
	ALR DULD SED F HE IAL	I S	190. DATE OF OPER	MOITA	196. CONDITI	ON FOR WHICH OPE	RATION V	/AS PERFORMED?			20 AUTOPSY?
	SHE CHANGE	- 1	210. EXTERNAL CAU	ISEWAS	216. TIME OF	Alliev	Ta1. 0	OW INTERPROCESSION	D JENTER NATURE OF INJURY IN ITEM I		YES X NO
	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD. REDED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF HOT PRORE TO BURRAL	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING			MONTH DAY YEA	R			5 PART 1 OR PART	2)
	ISIO RETIFIED TO SHOOM	S	21d INJURY OCCUP		21e PLACE O	8 28 1987 FINJURY (ATHOME,	211 LC	CATION	ed prescription		
	NA N	¥	WHILE AT WORK AT W	WHILE X	STREET, FACTO	RY, FARM, ETC.)		STREET 6 Fingerhoard	Road, Frederick	Freder	rick, Maryland
	DIVISION OF VITAL RECORDS, 20 WER: THIS CERTIFICATE SHOULD BE EXECUTE. CATE, WRITING IT HE WORD. "FINDING" I FORWARDED TO THE CHIEF MEDICAL E OR: PAGE 3 SHOULD BE USED AS A BURIA HE STATE DEPARTMENT OF HEALTH AND WIND, 21201 PRIOR TO BURIAL CREMATION					ribed obove, held an	-070	sy X, Inspectio			
	ANIE GANGE		220. I certify that death resulted from		100	Accident Accident	XU191		Undetermined monner	and in my opir	aion
1	KAAN D.D. BILL WITH ARY!		deally resolled	VIC.	Aire	0-6	/	TITLE (SPECIFY)	Ondetermined monner		
	ALDOUGH. A.		ACTUAL SIGNATURE/	74	fere	arce	n	.b. Chief	MEDICAL EXAMINER	DATE	8/29/87
	NER A SP	1	EVALUEDIS MA	0	0)				
	TO MEDICAL EXAMINER: THIS EXECUTE THE EXECUTE THE CREMAR PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BATTMORE, MARYLAND, 2120		(TYPE OR PRINT)	U		ialek, M.D			Penn St., Bal	to., M	d. 21201
	PAT PET	(BURIAL, CREMATION,			23c. NAME OF CE			236 LOCATION CITY OR TOWN	COUNT	
	07/84 BP /5	B 74.5	Surial	Chart	Sep 1, 198	7 Gate of	Heav	en Cemeter	Silver Sprin	ISTRAD'S CH	Maryland
	DHMH - 17	Ro	ckville,	nc.	A. PUIIDIT	ey Funeral	nom	SEO SE	P 8 1987		
	(VR A15 ME (5))	1 3	UU W. Mont	gomery	AV. ROC	kville. Md	. 20	330 31	1 0 190/	Beneda	-01.

STATE OF MARYLAND

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-			54	/ }
REG. N	C	_		O

063280 AUG	20 POR TE GISTRAR		DEPARTM	ENT OF HEALTH AND CERTIFICATE OF		ENE 23	580	
y be death	1. DECEASED NAME (TYPE OR PRINT)	Jaseph Jaseph	STAPILUS	"Knott,	se.	AUGUST 10		30 M
ge 4 ma rector, po ors after 6	Male Male	4. RACE Whi		June 13,	1904	AGE (IN YEARS LAST BIRTHDAY) 83 YR	MONTHS DAYS HOURS	DER 24 HRS
death. Podeoth. Podeo	70 BIRTHPLACE (STATE OF Maryland	U.S			MARRIED	BALTIMORE CITY OR COUNTY OF COUNTY O	ounty,	MD
by the fifiled with	Frederick	Merid	Meridaan Nursing Center			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Mechanic	NOUSTRY Machine	ress or
AND 212	Maryland	URSING HOME OF OTHER INSTITUTION IN THE COUNTY Frederick	Frederic	K YES 🗌		3442 Urbana	Pike/ 21701	
MARYL.	Francis	MIDDLE A.	Knott	I	's maiden nam First Louisa	A.	Merz	
be execution on the control of the c	(YES NO OR UNKNOWN)	ER IN U.S. ARMED FORCES! (# YES GIVE WAR OR DATES) None				10322 Old Na Knott, II: Ija	msville, Md.	
preston St., BAL	18 CAUSE OF DE PART I. DEATH		CACEGRA	- (190001		lase	APPROXIMATE IN BETWEEN ONSET A	PERVAL ND DEATH
that had been a property or other tro	gave rise to cause (a), sta underlying can	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF						
NG PHYSICIAN: The law requirate this certificate has been as the burlottrastip print. The and Mental Hygiene prior late and Mental Hygiene prior late and dear term 8 shows any injur arked or term 8 shows any injur	19a. DATE OF OPEN	ARTERIUSEL RATION 196 CON		OPERATION WAS PERFO	ASCULUT DRMED		YES, WERE FINDINGS US TIFYING CAUSES OF DE YES NO	ATH?
JOF VIT. SICIAN: 1 ag physic certificate riol-trans ental Hyg ltern*18 sh	OR CONTREPUEDIC F	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR		D (ENTER NATURE OF INJURY IN ITEM	TB PART I OR PART ?)	
NVISION Office this the bush hand Mith and Mith and Mither the bush hand Mither the bush hand Mith and Mither the bush hand hand hand hand hand hand hand han	(IF EITHER, NOTIFY M 21d. INJURY OCCI WHILE NOT AT WORK	URRED 21e PLAC (AT HOME.	E OF INJURY STREET, FACTORY, OFFICE, FA		1	CITY OR TOWN	COUNTY	STATE
ATTENDIN spiral or CTOR: A for use of Health		(I) (this heaptful) attended ased alive an AUGU (did) (did not) view the boo		, and that in (pg)	19 (our) apinion di	eath occurred on the date and		stated
PITAL OR , by the ho by the ho ERAL DIRE ERAL DIRE Stote Deptorher	276. SIGNATURE	NAME (IY) OR PRINT)	ml	DEGREE		MEDICAL STAFF DIRECTOR PHYSICIAN	AUG. 11	
TO HOSPIT retained by TO FUNER, should be d with the Sto		I. Smith, J		310 W		St., Frederic	k, Maryland	21701
BP	230 BURIAL, CREMATIO (SPECIFY) Bur:	ial Amg.1	4,1987 Mc	unt Olivet	Cemeter	v Frederick	rederick	STATE Md
DHMH - 16 50M 4/83 (VRA 15, 4)	106 East C	bmith, Keeney hurch Street,	Frederic	ord Funeral	o1 AUG	REC'D BY REGISTRAR 251/REG	Dender Kond	ladds

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		15.1		Lange Comment	ngene.	
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AND WAS -	- 181 (1914)		3	State of	Selection of	
	ST. CONST.					alores
ton, myan atta					1	
the and state 2						el cor bei

+062340 AUG- 14787

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATES. DEATH

23581

		1 DE	CEASED NAME FIRST		MIDDLE	LAST	12	a DATE KNOW - TI	NTH MAY YEAR 76 HOL	IR
	Wasset .	(TYP	BARBAR	A Loui.	se PEASE	Lecro	Y	OF ESTI-	40 47 (00	SM
	万只 车克斯	1 SEX	and A district	5. DATE OF BIRTH	6. AGE (IN YEA LAST BIRTHDA			C. DATE	MONTH DAY YEAR 24 HOL	JR
	ON STATE	1	emake CAU	04 27	23 64 YR		HOURS MIN P	DEAD	09 03 ,87 215.	3
	PER TEN		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED NEV	ER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH	
,	BAREAN		ASSACHUSETTS	U.S.	Α,	WIDOWED 💢	DIVORCED	LRED!	ERICK N	۸D
	A BERES	ly CI	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME,	OR OTHER INSTITUT		AL OCCUPATION (TYPE	OF WORK 126 KIND OF BUSINESS OR INDUSTRY	
	APATTO C	LM	T. AIRY	14723 H	ARRISVILLE			COUNSELER	Soc. Sec. AD	
5	1	SUA	L RESIDENCE (IF IN NURSING HOME TATE 138-COU	OR OTHER INSTITUTION, G	VE RESIDENCE BEFORE ADMISSIO	(N)			2 - 11	
212	发展型	M	ARYLAND FREI	DERICK	MT. AIRY	YES 🗆	NO 14/2	ADDRESS HARRISVII	LLE 1/1/1/	
WD	1/ K2227	M. FA	THER'S NAME	WIDDLE	LAST	IS MOTHER	R'S MAIDEN NAME	MIDDLE	LAST	
RE.	SHE SKUL	ľΕ	DMUND \	1.	PEASE	CLAF	RA	L		
IMO	BASSA /	10.11.0748	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECURITY			LAKEWOODSSS		
ALT	A SA	N	0		007-14-659	EDMONI	D. LECRO	Y 3209 VAS:	SALO AVE.	
. 8	N N N		18 CAUSE OF DEATH (Enter of	nly one cause per line	for (a), (b), and (c).)	,	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	Н
S N	A KENE		PART I DEATH WAS CAUS	ATE CAUSE (o)	RTERIOS	CLEK OTI	c CARDI	OVASCULA	9R DISERSIE	
STO	STAFFO				AS A CONSEQUENCE C)F				
P.	E CHARGE		Canditions, if any, which							
3	A A A A A A A A A A A A A A A A A A A		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE C)F				
2	PANANO			(c)						
SED.	BE EXE VDING EDICA S A BL LTH AI	2	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING 10 OEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE DR CONOITION	GIVEN IN PART 1 Is			
SEC.	- 5 S S S O L	CERTIFICATION	19g. DATE OF OPERATION	TIPL CONDI	TION FOR WHICH OPERA	ATIONI MAYAS DEDECORA	AED2		Inc. AUSODOVO	_
AE	MONTHE A HER	2	THE DATE OF OPERATION	198. CONDI	HON FOR WHICH OPERA	ATION WAS PERFORM	NED?		20 AUTOPSY?	
I V	TO SET OF THE PERSON AND THE PERSON	Ē	219. EXTERNAL CAUSE WAS	21b. TIME O	FINILIDY	121, HOW INTERV	OCCUPPED ISNIES N	ATURE OF INJURY IN ITEM TO P	YES NO	_
ō	L TANED THE VERY STATE OF THE		UNDERLYING OR	HOUR A.M	MONTH DAY YEAR	THE HOW HOOK!	OCCORNED (CIVIENTO	TONE OF BOOKE BUILDING	ANI TONTANI 4)	
SIO	SHOOT SHOOT	MEDICAL	CONTRIBUTING CAUSE OF		OF INJURY (ATHOME,	211. LOCATION				
DIV	RETENE RETENE	ME	WHILE NOT WHILE AT WORK		TORY, FARM, ETC)	STREET		CITY OR TOWN	COUNTY STATE	
	WAN WAN STAT		AT WORK — AT WORK				54			_
	A F S S S S S S S S S S S S S S S S S S		22a. I certify that I taak cho		scribed above, held an	Autopsy	Inspection X,	Inquiry , ond	d in my opinian	
	ME BE S		death resulted from Not	ural couses 🔼	Accident L. Suit	cide . Homici		rmined monner,		
	Z S S S S S S S S S S S S S S S S S S S		ACTUAL A NE	TRR	Rlex	TITLE (SP			DATE 08/04/8	7
	LE SHOULD UNERAL DIR R DEATH, WILLIAMORE, MARK		SIGNATURE 0000	100	7000	M.D	FP4TY MEDIC	CAL EXAMINER	SIGNED COTOR C	7
	EXECUTE PAGE 4 TO FUN AFTER DE BAJTIMO		EXAMINER'S NAME ZZ	RROBE.	LTS MT	ADDRESS_	5W 774 57	Frederic	K Md 21701	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23e.BI	URIAL, CREMATION, REMOVAL			AETERY OR CREMATO		CATION		=
/B4	BP	(5	BURIAL	8-8-87	RURAL CE		NEW	BEDFORD I	FULTON MASS.	
M	DHMH - 17	24 FI	INERAL DIRECTOR	305 N.P.	OTOMAC STREE		Sa. DATE REC'D. BY	REGISTRAR 256 REGIS	STRAR'S SIGNATURE	
	(VR A15 ME (5))	G	ERALD N. MINNIC		TOWN, MARYLA		AUG 1	0 1987 Jus	lia Devideon. Rendales	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 20. DATE KNOWN X) (TYPE OR PRINT) ALKISON LENZI Mary DEATH MATED 4. RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED July 2, 1987 Female White DEAD O BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Frederick County, DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Frederick Memorial Hospital Chi 1d Frederick None ISUAL RESIDENCE (IF IN NURSIN G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frederick Frederick 5620 Singletree Drive 21701 14. FATHER'S NAME Lenzi Cindy Michael Travers 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Michael Leappress (IF YES, GIVE WAR OR DATES) 5620 Singletree Dr., Frederick, Md. 21701 None 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. MRITING THE WORLD WARDED TO THE CHIEF ME AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA ATE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S ATTER DEATH, WITH THE STATE DE BALLIMORE, MARYIAND, 21201 PR STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains il mibed above, held on Autopsy Inspection and in my apinion death resulted from: Natural causes Hamicide TITLE (SPECIFY) Assistant 8/20/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Aug. 22, 1987 Mt. Olivet Cemetery Frederick, Frederick, Md. 24 FUNERAL DIRECTORS MI th, Keeney & Basford Funeral Home 250 Date REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 17 (VR A15 ME (5))

106 East Church St., Frederick, Md. 21701

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completely filled in by the funeral director, page 3 s 1 and 2 showld be filed within 72 hours after death

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executed within 24 hours

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEAT

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A REGISTRAR			CERTI	TEATE OF BEATTI	KEG. NO!	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*		
I. DECEASED NAME	FIRST	MIDDLE	i i	AST 56	20. DATE OF DEATH SAMON	NTH DAY YEA	R 2b HOUR		
(TYPE OR PRINT) EI	mer	Lee	L	ucas	8	18	7 8:00Am		
3. SEX	4.	RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDA				
Male		White	Alle	8, 1919	67	YRS MONTHS DA	AYS HOURS MIN.		
70. BIRTHPLACE (STATE C	R FOREIGN 76.	CITIZEN OF WHAT CO	DUNTRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY OR CO		Н		
Virginia		USA	WIDOWE		Frederick (County.	MD.		
10. CITY OR TOWN OF D	ATH 11	. NAME OF HOSPITAL	, NURSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIN	D OF BUSINESS OR		
Frederick	7.72	Frederick		Hospital	(TYPE OF WORK FOR MOST OF WO		iroad		
MSUAL RESIDENCE (IF NO							LIOUG		
Maryland	Frede		ortown unswick	13d INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS / ZIN	Ave., 21	716		
14. FATHER'S NAME				15. MOTHER'S MAIDEN NAM	ME				
Walter	Le	DOLE I.	ucas	Vinda	MIDDIE L.		Burns		
160 WAS DECEASED EVE			IAL SECURITY NO.	17 INFORMANT	ADDRESS				
(YES, NO OR UNKNOWN)	Morld		-12-9056	Fleie M Luc	cas - Brunswic	110 - 8t			
				DISTO IT. Duc	as - Dialswit		MG. 21/16 APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH		
18. CAUSE OF DEA PART I. DEATH	BETW	EEN ONSET AND DEATH							
	IMMEDIATE (CAUSE (o)	foratea	gastric u	1.100		7.0		
		DUE TO, OR AS A CO	ONSEQUENCE OF						
Conditions, if or		(b)							
cause (a), stat	ing the	DUE TO, OR AS A CO	ONSEQUENCE OF						
underlying cau	se lost.	(()			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	INFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	ON GIVEN IN PAR	Tila		
Prio	Prior CVA								
S 190 DATE OF OPER	ATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		Ib. IF YES, WERE FIN			
PC10 190 DATE OF OPER 7-27- 21g. ACCIDENT WAS U	87	Perfora	ated gas	tric ulcer	YES NOW	YES [NO [
21a. ACCIDENT WAS U		21b. TIME OF INJURY HOUR A.M. MOI		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART	?)		
OR CONTRIBUTING		P.M.	NIH DAY YEAR						
(IF EITHER, NOTIFY ME 21d. INJURY OCCU		21e PLACE OF INJUR		211 LOCATION					
WHITE NOT	MHILE	(AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE		
AT WORK AT W	_) saveded also deserve	91	30 10 75	. 811	10 87	. 0. 11.		
		ottended the decease		nd that in (my) (aur) apinion o	death accurred on the date of	and hour and from	_, that(1)(we) lost		
	(did) did not v	view the body after dea	th.	6					
22b. SIGNATURE		1) CL	110	DEGREE ATTENDING _	MEDICAL STAFF	72c. D	ATE SIGNED		
Ray	ILEN	W. JUI	C MU	PHYSICIAN 2	DIRECTOR PHYSICIAN	10 0	11/87		
22d PHYSICIAN'S	AME (TYPE OR PE	RINT)		22e ADDRESS					
Kathle	zen u). Stern	MD	610 Ninth	Ave, Brun	Swick /	4d 21716		
23a BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	40.4			
- Burial		8/3/87	Union (Cemeterv	Lovettsvil	le, Loude	oun, Virgin		
24 FUNERAL DIRECTOR				250. DAT	E, REGIDLEY PEGISTRAR 256.				
John T. Wil	liams F	Tuneral Hom	e Brunswic	ck, MM	000 1901				

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN THE

TO FUNERAL DIRECTOR. After this certificate that should be detached for use as the build trained permit with the Stote Dept. of Health and Memoi trygieus produced to the Managaran Maportanii if them 21 is marked at them 18 store any

STATE OF MARYLAND

a STATE 13b	U.S.A.	MARRIED NEVER MARRIED L WIDOWED DIVORCED DIVORCED DIVORCED	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS. 9. BALTIMORE CITY OR COUNTY Production of the County	DAY YEAR 26 HOUER 1320 IF UNDER 1 YEAR FUNDER 2 MONTHS DATS HOURS Y OF DEATH
BIRTHPLACE (STATE OR FORENCE COUNTRY) Maryland CITY OR TOWN OF DEATH Frederick SUAL RESIDENCE (IF NURSING F. STATE 136	White 7b. CITIZEN OF WHAT COUNTRY U.S.A.	MONTH DAY YEAR RARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED NO THER INSTITUTION	9. BALTIMORE CITY OR COUNTY	MONTHS DAYS HOURS
Maryland City or town of Death Frederick SUAL RESIDENCE IF NURSING P STATE 136	U.S.A.	MARRIED NEVER MARRIED L WIDOWED DIVORCED DIVORCED DIVORCED	Brederick Co	OF DEATH
Frederick SUAL RESIDENCE (IF NURSING IN STATE 136	(IF NOT IN SUCH FACILITY, GIVE STREE Frederick Memo.	NG HOME OR OTHER INSTITUTION		-
a STATE 13b		rial Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Mail Carrier	126 KIND OF BUSINES INDUSTRY US Posta1
	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR COUNTY 13c CITY OR TO FREDERICK Frederi	VN 13d INSIDE CITY LIMITS?	5738 Jefferson	Pike, 21701
FATHER'S NAME FIRST John	Frederick Masser		ne	Brown
			Mrs. Patricia M rson Pike, Freder	ick, Md. 217
PART I. DEATH WAS	CAUSED BY:			APPROXIMATE INTERVIBET WEEN ONSET AND I
gave rise to immedi	ote (b) DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUE	remation lung	lamage + COPP	months/
PART 2 OTHER SIN IFIC	(c)	DEATH BUT NOT WATER TO THE TE	RMINAL DIREASE OR CONDITION GIV	VEN IN PART 110
190 DATE OF OPERATION			YES NO NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATI ESNO
OR CONTRIBUTION CALLS	EXAMINER) HOUR A.M. MONTH I	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18.	PART T OR PART 2}
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAT HOME STREET FACTORY OFFICE		CITY OR TOWN	COUNTY ST
sow the deceased a	live on19	, and that in (my) (our) opinion		
226. SIGNATURE	N J- GASON	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE & GNED
22d. PHYSTC AND	le (1/82	1475 Taney		Md. 21701
(SPECIFICIAL)	Aug 26 1987	Green Hill Cemeter	CITY OR TOWN	lark, Va.
MEDICAL CEXITICATION	WAS DECEASED EVER IN LETES, NO OR UNKNOWN) 18 CAUSE OF DEATH (E PART I. DEATH WAS IMM Conditions, if ony, what was a couse to immedicate to immediate to immedicate to immedicate to immediate to immedicate to im	WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN) IF YES GIVE WARD ROAJES) 1941—1945 200—01—0 18 CAUSE OF DEATH (Enter only one couse per line for Id), (h), o PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEON OUE T	John Frederick Masser Caroli WAS DECEASED EVER IN U.S. ARMED FORCES? [16 SOCIAL SECURITY NO. 17 INFORMANT 1941—1945] 18 CAUSE OF DEATH (Enter only one couse per line for Iol. (ip., and ic.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE (b) PART 2 OTHER ST. IFFICANT CONDITIONS CONTRIBUTING TO DEATHYBUT NOT MATER TO THE TE Underlying couse lost. 19a DATE OF OPERATION [19b CONDITION FOR WHICH OPERATION WAS PERFORMED] 21a. ACCIDENT WAS UNDERLYING [21b TIME OF INJURY] OR CONTRIBUTING [21c CAUSE of DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)] 21d. INJURY OCCURRED [21c PLACE OF INJURY] ALL WORK [21c CAUSE OF INSURED CAUSE OF INSURY] ALL WORK [21c CAUSE OF INSURY] ALL WORK [21c CAUSE OF INSURY] ALL WORK [21c CAUSE OF INSURY] SOW the deceased olive on obove, (1) (we) (Idid) (Idid not) view the body ofter death. 21d. NOTIFY (IDID) [19] (AITED OF INSURY) AND WHILE [21c CAUSE OF INSURY] AND WHILE [21c CAUSE O	WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 INFORMANT 19 41-1945 1941-1945 1

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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h	DEGISTRAR M	laurie Mox	lev	CERTIF	ICATE OF DEATH	REGION	O.			
Ī,		FIRST	AIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	_
,	XXXXXXX	RAGX /	5	PI	768	AUGUST	76	1987	9:150	M
3.	SEX	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BI	THE AY)	IF UNDER 1 YEAR	IF UNDER 24 HR	5.
	Ma le	Whit	e	Nov.	19, 1896	90	YRS.	MONTHS DAYS	HOURS MIN	k.
70	BIRTHPLACE (STATE OR FOR	FIGN 76. CITIZEN OF	WHAT COUNTRY?	AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DEATH		
P	Maryland	U.S	.A.	WIDOWE		Freder	ick Co	ounty	٨	AD.
10	11. NAME OF HOSPITAL, NURSIN Frederick 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Odd Fo			DRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Farmer 120. KIND OF BUSINESS INDUSTRY Dairy				R
1.		SHOME OR OTHER INSTITUTION. COUNTY Frederick	GIVE RESIDENCE BEFORE AL 13c. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS 4009 Araby			21701	
14	FATHER'S NAME FIRST	WIDOLE	tAST	5 40	15. MOTHER'S MAIDEN NAM	ME	10 10	1 42		
1	John	н.	Page		Kather	ine		675	ley	
16	WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR OATES)	166 SOCIAL SECURI		17 INFORMANT Robe	rt M. Page	ESS			
L	Yes	WW I	Not Avai	lab1	214 Crabb Av	e., Rockbi	lle, M			
Г	18. CAUSE OF DEATH	Enter only one cause per						BETWEEN	MATE INTERVAL ONSET AND DEATH	1
L	PART I. DEATH WAS	MEDIATE CAUSE (a)	DEHYDRA	+710.	~		100			
ı		DUE TO, OI	R AS A CONSEQUEN	ICE OF		- 4		1		
П	Conditions, if any, w		REFUSAL	- 7	TO FAT OR	DRINK				
1	gove rise to immed couse (o), stating	the DUE TO, OF	R AS A CONSEQUEN	ICE-OF						
1		last. (c)	(ENIL				14200			_
1	PART 2. OTHER SIGNIF				NOT RELATED TO THE TERM			VEN IN PART 1	a	
	DATE OF OPERATIO	AR TERIOSCLEROTIC CARDIS-VASCULAR DISEASE 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 1200. AUTOPSY? 1200. IF YES, W						C WEDE EINIDIN	ICC LICED	_
	190 DATE OF OPERATION	JN 176. CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			
		1100110 4	FINJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
	(IF EITHER NOTIFY MEDICAL	EXAMINER) P.	M.	19						
	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE	LAT HOME STE	OF INJURY EET, FACTORY, OFFICE, FAR	M, ETC }	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE	
	AT WORK AT WORK			h- 1		B-17		-		
L	220. I certify that (I) (the saw the deceased	alive as JULY		7	nd that in (my) (ear) opinion	to/TUGU			that (I) (ME) la	ist
П	abave, (1) (we) (did	(did not) view the bady		Δ		death occurred an the a	ore and had			
L	22b. SIGNATURE	1. /	~ A 1	1	DEGREE ATTENDING .	/MEDICAL STA	FF	22c. DATE	-	
1	22d. PHYSICIAN'S NAM	long 1. 8	met 1	6/		MEDICAL STA	IAN 🗌	1700	. 1, 19	187
1					22e. ADDRESS					
-		orge I. Smit				Ninth St.,	Frede	rick, M	d. 2170)1
23	BURIAL, CREMATION, RE				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
L	(SPECIFY) Burial				livet Cemeter		, Fre	derick,	Md.	
	FUNERAL DIRECTORMI		ADDRESS		ral Home 250. TA	JET ZREISERA	25b. REGIS	TRANSFERMA	Rendark	
L	.06 East Chur	ch St., Fred	erick, Md	. 21	701			100		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR					4	REG. NO.	3 4	4	
	(TYPE	OR PRINT) ROSEAN	E MAT	ELDA	101	STNGER Z		08/	9 //	187	434h
	3. SEX	FEMALE	4. RACE WHITE			/16/23	TEAR	6 AGE (IN YEARS LAST BIRTH	YRS		OURS MIN.
5		PENNSYLVANIA	U.S.A		RY? 8. MARRIEI WIDOWE	Tel.	ARRIED -	9 BALTIMORE CITY OR FREDERICK	COUNTY	OF DEATH	MD.
4	100	TY OR TOWN OF DEATH REDERICK			RSING HOME C		TUTION	HOUSEWIFE OF	N NORKING LIFE)	OWN HON	ME
5	MD	AL RESIDENCE (IF NURSING HOME OF	ERICK	KEYMAR		134 UNSIDE CIT		'i 1846 RENNE	K RB.		21757
1	14 FA	HENRY SCHMIDT	MIDDLE	LAST		15. MOTHER'S FRA		ORETTA BLAKE		LAST	
1	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES?	579-24	1-3220	RICHAR		INGER, SR.11		ENNER RI	D.
	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF PERATION	DUE TO, O	M	EQUENCE/OF	45			20b. IF YES,	WERE FINDING	
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify-thof (1) (fulls hosp above. 11 (did) (did not 22b. SIGN A. 186.	HOUR A. P. 21e PLACE (AT HOME STI	M. MONTH M. OF INJURY REET, FACTORY, OF	om	21! LOCATION STREET	our) opinion of	CITY OR TOW CITY OR TOW CONTROL OF THE CONTROL OF	N PAR	COUNTY	STATE Over lost Uses stated
	23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 08/1.		MT. HOP			234 LOCATION WOODSBO	RO F	REDERIC	K MD
	24 FU	D. AMDREC HARTZLER		WOG	DSBORO,	MD	25a DAT	G 13 1087	Sh REGISTR	AR'S SIGNATUR	Edallo

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

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retained by the hospital or attending physician.

FOR 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE

23588

_	REGISTRAR							REG. NO.			
	SENDNAME FIR	RS1	MIDDLE	LA	ST			EATH MONTH	DAY	YEAR	26 HOUR
(March		ILLE VI	RGINIA	MAT	HEWS			08	20	87	11:30A
3. SE	X	4 RACE		5. DATE O	F BIRTH		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UN	OER I YEAR	IF UNDER 24 HRS
	FEMALE	CAUCA	SIAN	10	89	ŏî	85	· ·	RS MONT	HS DAYS	HOURS MIN
70 B	BIRTHPLACE (STATE OR FOREK	GN 76 CITIZEN OF	WHAT COUNTRY?	8	□ NEVER /	A PRIED []	9 BALTIMORI	CITY OR COL		DEATH	
	IRGINIA	U. S.	Δ.	WIDOWE		WORCED	FREDI	ERTCK.			N
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O		TITUTION	120 USUAL O			26 KIND O	F BUSINESS O
F	REDERICK		ICK MEMOR		SPITAL		HOMEMA			ADOSTKI	
	JAL RESIDENCE HE NURSING H	OME OR OTHER INSTITUTION	136. CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET AD	DRESS / ZIP (CODE		
M	ARYLAND	FREDERICK	LADIESBI		YES 🗌	NO 🗔		OODSBO		. / :	21759
14. F	ATHER'S NAME	MIDDLE	LAST			S MAIDEN NA	WE	WIDDLE		LAS	
	J.	Frank	Titus	s	An	nie	Mae	2		Frv	
	WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	TNA		ADDRESS 8	3358	Woody	ville R
	No		219-36-2	665	R. Fra	nk Mat	hews	Mount		Ma Ma	arvland
	18 CAUSE OF DEATH (E	nter anly one couse pe	er line for (o), (b), on	d (c).1	.,,	1 -	- ^,			BETWEEN	MATE INTERVAL DINSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: AEDIATE CAUSE (0)	Conce	ture	Hen	UT	aline.			24	Horn
	underlying couse lo	ost. (c)_	OR AS A CONSEQUE		NOT RELATED	TO THE TERM	AINAL DISEASE	OR CONDITION	1 GIVEN II	N PART 110	
ICATION	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C		DEATH BUT I			200 AUTOP	SY? 20b. (IF YES, WE	RE FINDIN	NGS USED OF DEATH?
RTIFICATION	PART 2 OTHER SIGNIFIC	2551. (c)	ONTRIBUTING TO D	DEATH BUT I	N WAS PERFO	DRMED	200 AUTOP	SY? 206. 4	IF YES, WE ERTIFYING YES	ERE FINDING CAUSES	NGS USED
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MEDICAL	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 210. INJURY OCCURRED AT WORK AT WORK 220.1 certify that (I) (this 27b. SIGNIFICATION) 22d. PHYSICIAN'S NAME Robert 1 BURIAL, CREMATION, REM 15FEC (FY) BURIAL	Ind Ind Conditions of Indian I	ONTRIBUTING TO I	OPERATION AY YEAR 19 FARM ETC)	211 LOCATION IN CONTROL OF THE PROPERTY OF THE	ORMED AJURY OCCUR ON ATTENDING PHYSICIAN F CREMATORY 1. Grds 1. Grds	200 AUTOP YES RED (ENTERNATU deoth occurred MEDICAL DIRECTOR 134 LOCAT CITYO Fred TE REC'D. BY REC	SY? 206.4 IN C	FYES, WE ERTIFYING YES WE AND THE PART I	COUNTY d from the 22c DATE 1ck, DUNTY S SIGNAT	STATE thay (I) (we) locober stoted SIGNED Md . 217
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove corban papers, with the State Dept of Health and Mental Hygiene prior to buriol, cremation, a certifical

Sugar State Against Land Special

STATE OF MARYLAND

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Page 4 m director. p	3. SE	Maria		White	5°	OF BIRTH	OYEAR	6. AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS
death. Pe	70 BI	RTHPLACE (STATE OR FOR COUNTRY)	1 10	IZEN OF WHAT O	OUNTRY? 8. MARE	IED NEVER	MARRIED	9 BALTIMORE CITY O Frederick	R COUNTY OF D	EATH	MD.
ofter of with the fi	F	rederick	F	rederick	L, NURSING HOM , GIVE STREET ADDRESS) . Mem • Hos	p•	HITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF Conductor	WORKING LIFET IN	DUSTRY	BUSINESSOR
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 shoold be fille	130. 5	MD	Sh COUNTY Mont	13c CLT	DENCE BEFORE ADMISSIO Y OR TOWN hesda	13d. INSIDE C	NO [13e STREET ADDRESS /	ZIP CODE B	lvd.	20817
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BALTIMORE,	10	VAS DECEASED EVER IN ES, NO OR UNKNOWN)	U.S. ARMED F (IF YES, GIVE WAR O	R DATES)	CIAL SECURITY NO 9-01-2422	17 INFORMA	ANT	ueen, Jr. 1	Stomac, 0800 Hob	MD 20	0854 Ct.
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only one S CAUSED BY MMEDIATE CAU		ios, (b), and icis	ic st	horh			APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
1 W. PRESTON ST., hat the death certifing the ottending ose remove carb. I, cremation, or other traumatic.		Conditions, if any, or gove rise to imme couse (a), stating underlying couse	diote	UE TO, OR AS A C	CONSEQUENCE OF	ycena	lial i	paret		6 d	ey.
RDS, 201 equires the n signed Then plea r to buriol	NO	PART 2 OTHER SIGNI	ricant condi	TIONS CONTRIBU	ITING TO DEATHS	NOT RELATED	D TO THE TERMI	nal disease or cont	DITION GIVEN IN	PART IIo	
A RECO	CERTIFICATION	190 DATE OF OPERATION	II NC	CONDITION FO	OR WHICH OPERAT	ON WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES (GS USED OF DEATH?
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th ottending physicion. If the this certificate has been signed be os the burnal-transit permit. Then plea th and Mental Hygiene prior to burnal, orked or them 18 shows any injury, are		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (HE EITHER NOTIFY MEDICA	USE OF DEATH	Ib. TIME OF INJUR HOUR A.M. MO P.M.	Y ONTH DAY YEA	R	NJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2)	
DIVISION ING PHYSI wither this can the burner th and Mee	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK	1/	e PLACE OF INJU	IRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	WN C	OUNTY	STATE
TTENDIN pital or of TOR, Aff for use or of Health		220 I certify that (1) to saw the deceased above (1) we) (dia				ond that in m	, 19 S	2. to 8-1	3, 19 te and hour and		(we) lost ouses stated
AL OR A AL DIREC detached detached TI: If them		226. SIGNATURE	s la	har		DEGREE (ATTENDING PHYSICIAN	MEDICAL STAF	1	20 DATES	IGNED -87
TO HOSPITAL retained by 1 TO FUNERAL should be deta with the State		22d PHYSICIAN'S NAM	AE (TYPE OR PRINT)	AN	MD	220 ADDRES		hst	-	il	hD 2/70/
F C	230 E	URIAL, CREMATION, RE		DATE		CEMETERY OR		23d LOCATION CITY OR LOWN Brentwoo	d MD con	NIY	STATE
BP	24. F	Burial INERAL DIRECTOR TO		3/17/87		ncoln C	25g. DATE	REC'D. AX BEGISTRAR		SKUJATE	IRE.S. 1
DHMH - 16 60M 7/84 (VRA 15, 4)	5	130 WI Ave	NW Was	h. DC 2	20016		AUG 2	3 4 1301 gu	YOU WINDOW		

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	'pourations	· TEL BATTO		17.5	mirani'	

SLAD AT THE MASS., LO SAME

STATE OF MARYLAND

Item 2a, Per. Hosp. 10/29/87jab

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN. The law requires that the death TO HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbampopers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital ar attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

injury, or other traumatic event, th

IMPORTANT: If them 21 is marked or Item 18 shows any

363

FOR STATE

AUG

d ector page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGUENE CERTIFICATE OF DEATH

0	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	io.		
	CEASED NAME	FIRST		MIDDLE	1	LAST	20. DATE O			DAY YEAR	26 HOUR
TITPE		ank	Glenn	Remsbe	ra		Aug	. 18,	1987		2:05 AM
3. SE	X		4. RACE		5. DATE C		6. AGE (IN			IF UNDER 1 YEAR	R IF UNDER 24 HRS
M	lale		Whi	te	Jüne	23, ° 1898 **	89		YRS	MONTHS DAYS	HOURS MIN.
fi. B	IRTHPLACE ISTATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	- D MENCED MANDRED D	9 BALTIMO	ORE CITY		Y OF DEATH	
P	Md.		U.S.	A.	WIDOWE	D NEVER MARRIED	Free	deric	k Co.		MD
	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL		ION OF WORKING L	126 KIND	OF BUSINESS OR
F	rederick		North	hampton	manor	Nursing Home	farr		OF WORKING E		owner
1311, S	AL RESIDENCE LIF NURS		OTHER INSTITUTION	136 CITY OR TO Middlet	WN	13d INSIDE CITY LIMITS? YES X NO	13e STREET	ADDRESS Larch	/ ZIP COD Lane	21769	
14. FA	ATHER'S NAME		MIDDLE	£A51		15 MOTHER'S MAIDEN NA	ME	WIDDLE		14	AST
	George	Carlt	on Re	msberg		Daisy				Норчоо	
	WAS DECEASED EVER		MED FORCES?	215-36-	6850	C. Renn Rems	sberg	ADDR		dletow	n, Md.
	18 CAUSE OF DEAT	H (Enter or	nly one couse per	line for (a), (b),	indea ir	7				APPRO	XIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH W	'AS CAUSE	D BY. TE CAUSE (a)	+	3311						
				R AS A CONSEQU	LIENCE OF			300			
	Conditions, if ony,	which	(1b)	K AJ A COMJEQ	DEINCE OF						
	gave rise to imme cause (a), statin		DUETOO	R AS A CONSEQI	LIENCE OF						
	underlying cause	last.	(c)_	N ACONSEGN	OLIVEE OI						
	PART 2 OTHER SIGN	VIFICANT O	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	SE OR CON	DITION GI	VEN IN PART 1	(0)
ō.	Wier	nen	1 9	what				- 343			
CERTIFICATION	198 DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUT		IN CERTI	S, WERE FIND FYING CAUSE	S OF DEATH?
ERTI	21a ACCIDENT WAS UNE	ERIVING E	7 21b. TIME O	E IN HIDV		21c. HOW INJURY OCCUR	YES [NO		ES 🗍	NO 🗆
	OR CONTRIBUTING	AUSE OF DE	HOUR A.	M. MONTH		THE HOW INSORT OCCUR	KED (ENTERN	ATURE OF INJ	DRA IM ILEW 18	PART I OR PART 21	
MEDICAL	21d INJURY OCCUR		21e PLACE		19	211 LOCATION					
ME	WHILE NOT WH	ILE -	LAT HOME STE	REET FACTORY, OFFICE	FARM ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
	220 I certify that (I)		tal) attended th	e deceased from	Sel	17 10 AM	10	8-1	1	10 +7	, that (1) (we) lost
	saw the decease abave, (1) (we) (c	ed alive on	8-9	19 =	+7_,01	nd that in (my) (aur) apınıan	death accurr	ed on the c	late and had	ur and from the	
	226 SIGNATURE	7 4	1			DEGREE			3-4	22c. DAT	ESIGNED
	1) 1	20	ine			ATTENDING PHYSICIAN [MEDICAL	STA		8	148)
	224 PHYSICIAN'S NA	AME ITYPE C	OR PRINT)	11/12		22e ADDRESS	, «	,		-	
	1 mm	as	5/	ONF		Free	lem	1 (1	111		
23a E	BURIAL, CREMATION,	REMOVAL	236 DATE		NAME OF C	EMETERY OR CREMATORY	23d LOC	ATION Y OR TOWN		COUNTY	STATE
	Burial Burial		8/22,	/87 R	eforme	d Cemetery				ed. Md.	
24 FI	UNERAL DIRECTOR	1 t	1 102 107	ADDRESS	11-	21768 250. DA	E REC'D. BY	REGISTRAF	25b. REGIS	TRAR'S SIGNA	Handsel.
	HOMPSO	NTI	NEPAL	Heat	MIDD	LEGUL MAA	00 40	190/		A Lineary	

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

opp dec	- 1		OR PRINT)	line	Jean	R	as a hart	August S	ONTH DAY YEA	133
	- 1	3. SEX		14 RACE	Ocari	5. DATE O	DEBIRTH	6. AGE IN YEARS LAST BIRTHI	DAY) IF UNDER 1 Y	700
9 6	- 1	J. JE	FEMALE		ASIAN	4 MONTH		60	MONTHS D	
P Pour			RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OR	COUNTY OF DEATH	1
772	14		RYLAND	U.S	S.A.	WIDOWI	DXX NEVER MARRIED	FREDERICK,		
	4		TY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET LCK MEMOR	(ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOUSEWIFE		ID OF BUSINES
build be in	5	13a S		OR OTHER INSTITUTION JUST Y	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2		701
2 24			THER'S NAME				15. MOTHER'S MAIDEN N	AME		
11/4	W		JOHN I	FRANCIS	FISC	HER	MARGARET	VIOLET	T.	VRIGHT
and co	4		(AS DECEASED EVER IN U.S., A ES, NO OR UNKNOWN) (IF YES, O	RMED FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMANT		5 531 Wilso	
5 2		_	NO 18 CAUSE OF DEATH (Enter of		1 219-20-		Charles Rin	enart	Frederick	ROXIMATE INTER
s been signe rmit. Then p prior to bor carry mjury,	2	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TER.	20e AUTOPSY?	ITION GIVEN IN PAR 206. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED
5 2 5 5	d.	ET I						YES NOS	YES [NO 🗆
a physical artifican addition atol Hygine 18 v	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DE INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM TO PART I OR PART	2)
offending the flux to and Ma when or 1		MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE	FARM, ETC)	21f. LOCATION STREET	CITY OR TOWN	N COUNTY	ST
pholor TOR A for vite of Healt			270.1 certify that (I) (this has sow the deceased alive above (I) (we) (did) (did 27b. SIGNATURE					5 , to 8	e and hour and from	the couses sta
10 E E		4	V4	Thomas	7			MEDICAL STAFF DIRECTOR PHYSICIA		16/9-
the hose of DREC eroched te Dept.	100				·			Se January Controller		-/ 0/
ned by the hos FUNERAL DIRECT old be detached the State Dopt.	1		226 PHYSICIAN'S NAME (TYPE				22e ADDRESS			
TO FUNERAL DIRECT SHOOL OF COLUMN THE STORE DESTRUCTION OF THE STORE DE	-	23a F		30962	236	NAME OF	27e ADDRESS	23d LOCATION CITY OR TOWN		

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/	I DECEMBED AL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REASED NAME	FIRST								
SEP	<u>-2</u>	87	JOHN	V ir	ncent	Ru	SSOL	20. DATE OF DEAT	8	22 87	2b HC
	3. SE	X = 5		1 RACE		5. DATE (6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DA	
2		Male		White			e 11, 1914	73	YRS		15 HOUR
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0		COUNTRY) Maryland		113	SA	WIDOWI	EDIO DIVORCED	Frederi	ck Cor	mtv.	
11		ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a USUAL OCCU	PATION	12b. KIN	D OF BUSI
hard .		Frederick					Hospital	Carman	OST OF WORKING		ry 1road
1	13a. S	AL RESIDENCE (#	NURSING HOME OR		13t CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRE	SS / 7IP CC	DDF	
0	Ma	aryland	Frede	erick	Brunsw		YES 🔀 NO 🗌	709 N. N			21716
N A	14 FA	ATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
		Charle	oc .	MIDDLE	Russ	011	Emma	Elli		Cr	eenf i
-	160 V	WAS DECEASED E			166 SOCIAL SE		17 INFORMANT			09 N. M	
		YES NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES					/(-
1		162	Morro	d WarII	718-14	-9105	Eleanora J.	Russell -	- Bruns		
		18 CAUSE OF D	EATH (Enter on	ly one cause pe	r line for (a), (b),	and Ici.I				BETWE	OXIMATE IN EN ONSET AL
		PARTI. DEAT		E CAUSE (o)	CHROI	10 GEN	lic Shock				8 H
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STATE OF MARYLAND

CERTIFICATE OF DEATH

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3 SEX	Female	4. RACE Whi		5. DATE C	h 12 ^{DAY} 1921 ^R	6 AGE (IN YEARS LAST BI	YRS	FUNDER I YEAR	HOURS MIN.
7 0	RTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee	76 CITIZEN OF	what country?	MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY 9	CR COUNTY		M
10 CI	TY OR TOWN OF DEATH Frederick		HOSPITAL, NURSING CHEACHITY, GIVE STREET AD TICK NEMOT		PROTHER INSTITUTION Hospital	120 USUAL OCCUPATE OF WORK FOR MOST HOMEMAL	OF WORKING LIFE		F BUSINESS OF
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14. FA	THER'S NAME Clyde	MIDDIE D.	Wright		15. MOTHER'S MAIDEN NAM Katherine	MIDDLE			eholder
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND

87 STA REC		46.3	DEPARTM		EALTH AND MENT		23 REG. NO.	596	150
1. DECEASE	ED NAME DOUG	LAS C	F. S	chu	renneke		DATE OF DEATH MONTH	18 87.	26 HOUR 17."22M
3. SEX M	ALFale	A. RACECAUC.	ASIAN	5. DATE C		6. 42	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
CAL	IFORNIA	U.S.A		WIDOWE		ED 🔀	FREDERICK,		MD.
FRE	DERTCK	FREDER	ICK MEMOI	RIAL I	OR OTHER INSTITUTI	(1	USUAL OCCUPATION YPE OF WORK FOR MOST OF WORK IT AUTO MECHANIC	NG LIFET INDUSTRY	BUSINESS OR
MARYL	AND CA	E OR OTHER INSTITUTION OF COUNTY ARROLL	13t. CITY OR TOW MT. AIR	N	13d INSIDE CITY LI		STREET ADDRESS / ZIP COSTS HOUS	SE PIKE/ 2	1771
-	ALD KEN		S CHWENNE		15. MOTHER'S MAI		MIDDLE	CARPENT	ER
	DECEASED EVER IN U.S. O OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	563-58-6		DOUGLAS I	EDWARD	S CHWENNEKER	MT. AIR	AATE INTERVAL NSET AND DEATH
PAR	ve rise to immediate use (a), stating the derlying cause last T2 OTHER SIGNIFICAT ALABATION	DUE TO, OR (c) NT CONDITIONS CO	scholest	CUTZ DEATH BUT DEVOLUTE	NOT RELATED TO T	witte		FYES, WERE FINDING CAUSES (GS USED
S OR C	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	FDEATH HOUR A.A	a. Month da a.	AY YEAR		OCCURRED	(ENTER NATURE OF INJURY IN ITEA		
WH AT W	INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	I certify that (1) (this he saw the deceased alive above (1) (we) (did) (did SIGNATURE			,	nd that in (my) (our)	opinion deo	th occurred on the date and		
	PHYSICIAN'S NAME IN	RMA A-U	starello	m	10	IDING &	MEDICAL STAFF DIRECTOR PHYSICIAN	~ /	20/84
		John A.) 335 P		e., Frederic	k, Marylan	nd 2170
(SPECIF	CREMATION	236. DATE 8/20/8	S7 SM	ITHSB	URG CREMA		23d LOCATION CITY OR TOWN SMITHSBURG	WASH.	MD
ROBE	RT E. DAILE	Y & SON F.		201 N EDERI	. MARKET CK, MD	AUG	26 1987	A DEPRESANT	diploss

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ALIC HE	- STATE REGISTRAR				CERTIF	ICATE OF DEATH 3	REG.A	10.		
	ECEASED NAME PE OR PRINT)	Margar		Cov	SEE	LAST	August 1	MONTH D	AY YEAR	7:21 F
3. S			4 RACE	ite	5. DATE	DF BIRTH E. 16°, 1923	6 AGE LINYEARS LAST BE	RTHDAY	FUNDER 1 YEAR	,
2/5	Fennsylvan:	ia	V CITIZEN OF	what country?	8 MARRIE WIDOWI	D NEVER MARRIED DINORCED	9 BALTIMORE CITY OF	_		,
10	Frederick		Citize			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 126 KIND OF BUSH (INDUSTRY HOME				
が開	aryland	13b COUN Fred	other institution TY erick			YES NO	Rosemont Ave. Ext., 21		1701	
1	Charles	٨	McCoy LAST		IS MOTHER'S MAIDEN NAME NO NAME NAME NAME NAME NAME NAME NAME NAME	WIDDIE	Cromy		ST	
medico 16a	WAS DECEASED EVEL		WAR OR DATES)	157-18-2	TILLY CIETTY DAILE					Md.
vent, th	18 CAUSE OF DEA PART I. DEATH V	TH (Enter onl WAS CAUSED		Cardea	e A	rrest			BETWEEN	ONSET AND DEAT
jury, or other troumot	Conditions, if on gove rise to in couse (a), stati underlying cous	nmediate ing the e fast.	DUE TO, O	r as a conseque	NCE OF	NOT RELATED TO THE TERM			N IN PART 1	0
8 shows ony injur	19a DATE OF OPERA	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
dor Item 18 sh	210. ACCIDENT WAS UN OR CONTRIBUTING {IF EITHER NOTIFY MED 21d INJURY OCCUP	CAUSE OF DEAT	P. 21e PLACE	M. MONTH DA	19	211 LOCATION	RED (ENTER NATURE OF INJURE		RT I OR PART 2)	STATE
21 is morked	220.1 certify that (I sow the deceadobove, (I) (week)	l) (this hospit	ol) attended th	21 19	July	nd that in Imy Implication	_ to Aug !	. 1	987	that (It (we))
ANT. If Hea	226. SIGNATURE SEM 22d. PHYSICIAN'S N	urd C	Alen			DEGREE ATTENDING PHYSICIAN []	MEDICAL STA		8 3	SIGNED 87
IMPORTAN	Dr. Ber	nard 0	. Thoma	s, Jr., M		Professional		Freder	ick, M	d. 217
	Burial, CREMATION	7 .	Aug. 1			ven Memorial	23d LOCATION CITY OF TOWN Gerdens Fre	derick	, Fred	lerick,
50M 7/84	Smith, Ke	eney a	and Basi	ford Tune	ral H	ome 250. DAT	E REC'D. BY REGISTRAF	266 REGISTA	ARS SIGNA	URE

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In section by the attending physician and completely filled in by the funeral director, page 3. This pipe remove corbanappers: Pages 1 and 2 shauld be filed with TRZ hours other death to build, remotion, or removal.

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or other troumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGORE CERTIFICATE OF DEATH

23598

=		REGISTRAR				CERTIF	ICATE OF DEA	I) H	RE	G. NO.	10	3	11:-	
		CEASED NAME	FIRST		MIDDLE	l	AST	.25	20 DATE OF DEA	H MONTH	DAY	YEAR 3	2h HOUR	
	(TYPE	OR PRINT)	Hele	2 4		5	Leais	1	8(11)	VT		and the second	102	0
	3. SE)	X	1100	4 RACE	16,	5. DATE C	OF BIRTH	74	6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER	I YE AR	IF UNDER 2	a HRS
,	1	Fem	sle	W	ut	MAY	22, 1899	9 YE AR	88	YR		DAYS	HOURS	MIN
1	7a. BII	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MAR	DIED []	9 BALTIMORE CI	TY <u>OR</u> COU	NTY OF DEA	TH		
1		RYLAND		USA		WIDOWE			FRED	ERICK	COUNT	Y		MD.
7	_	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NU	IRSING HOME	OR OTHER INSTITU	TION	12a USUAL OCCU	PATION	12b K		BUSINES	
	FRI	EDERICK		MERI	DIAN NU	JRSING C	ENTER		HOUSE	WIFE	i	AT H	IOME	
-		AL RESIDENCE (IF NURSI	NG HOME OR		130. CITY OR		1 13d. INSIDE CITY	HAITS?	13e.STREET ADDR	ESS / 7IP CO	ODE			
2		RYLAND		DERICK	THURN			0 🗆	14 CLAR			788		
A	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S M.							
	1	Julius		WIDDLE	SIMON		FIRS	ANNA	MIDI	ΛE	STER	N LAST		
		VAS DECEASED EVER				SECURITY NO.	17 INFORMANT		JLES SHAP	PROS				
ú		VES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-4	16-5934	425 N.			HURMON	T, MD	21	788	
		DE CAUSE OF DEATH	d (Fater as				1 120 110	OHOTK					NATE INTERV	Al
	TA	PART I. DEATH W	AS CAUSE	D BY:	i inte la la la , le		1 1	11001	+ .		DE.	WEEN	NOET AND D	EATH
		COL TILL	IMMEDIAT	E CAUSE (a)		LON !	ause 1	VYEL						
		55		DUE TO, C	R AS A CONS	EQUENCE OF					× 1			
		Conditions, if any, gave rise to imm		(b)_										
		cause (a), statin	g the	DUE TO, O	R AS A CONS	EQUENCE OF								
1		underlying cause	last.	((c)_										
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN P	ART Ira		
	CERTIFICATION			CUA										
	Y.	19a DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?		YES, WERE			
1	FE			90 P					YES TO NO	IN CEI	RTIFYING CA	AUSES (NO T	12
-	SER.	210. ACCIDENT WAS UND	ERLYING	216. TIME C			21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM	18 PART I ORP	ART 2)		
1	100000	OR CONTRIBUTING		CIP .		DAY YEAR								
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	W.	WHILE NOT WH	ILE 🗌		REET FACTORY OF	FICE, FARM, ETC)	STREET		CITY	ORTOWN	COU	NTY	517	ATE
-1		AT WORK AT WOR					1	74/.	<u> </u>	111	V			
		220.1 certify that (1)				0 >	and shoet in (my) (au	19	eath accurred an	ho data and			hat (II (w	
		saw the decease abave, (1) (w/) (d	lid) (did no	t) view the bady	after death.			ру оринон с	dedin accorred an	ne date and				ea
		226. SIGNATURE	70 -	1. 0	1	,	DEGREE	NIDINIO	MEDICAL	STAFF	220	DATES	IGNED	
1			tu	W C	here	200	PHY	SICIAN S	MEDICAL DIRECTOR PH			8 11	(8)	
П		22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)	1	1	22e ADDRESS		~					
		Phil	0	Shap	ivos	0.	814 TS	11 (touse &	we,	Fred	.,6	621	100
		BURIAL, CREMATION,	REMOVAL	23b. DATE	1	23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNT	,	STA	ATE
		BURIAL		AUG.13	,1987	BNAI I	SRAEL		BALTIMO		- 00111		LAND	
	24 FU	UNERAL DIRECTOR	SOL	LEVINS	ON & BI	ROS., IN	IC.	25a. DATE	E REC'D. BY REGIS	RAR 250. NEC	SINAR'S S	GNATU	JRE	
	6	Olo REISTE			BALTO.		21215	AUG	20 1987	Julia	Dunden	v. Kan	dillo.	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR, should be detected for unitable the Store Dept. of Heavy Dept. of Heavy Dept. if Hem 21 is re-

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executed within 24 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN The in-retained by the haspital or attending physician

(VRA 15, 4)

STATE OF MARYLAND

V-	1				STAT	E OF MARYLAND					
547 AUG	24	FOR ATE REGISTRAR		DEPART		ICATE OF DEATH	HYGIENE	2	35	59	9
		CEASED NAME FIRS		MIDDLE		AST	20. DA	ATE OF DEATH		DAY YEAR	26 HOUR
poge 3	(TYP)	OR PRINT) Myrt	le	M.	SIMA	CEK	Au	gust 16,	1987		3:15
. po	3. SE	X	4 RACE		S. DATE C			(IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HR
ector urs of		Female	Whi	te	Augu	st 16, 190		84	YRS		HOURS MIN
2 hou		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	9 BAL	TIMORE CITY O			-24113
الله الله		Maryland		U. S. A. WIDOWED DIVORCED		X	Frederick County				
filled with		Frederick	Citiz	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH EACHTY, GIVE STREET ADDRESS! Citizens Nursing Home			(TYPE (120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seamstress 12b. KIND OF BUSINESS INDUSTRY Shirt Co.			
must be			ME OR OTHER INSTITUTION OUNTY COETICK	13t. CITY OR TO		134 INSIDE CITY LIMITYES NO	TS? 13e ST	REET ADDRESS /	ZIP CODE Avenu	ie, 217	701
xominer	14. F/	THER'S NAME FIRST James	WIDDLE	Trump		15. MOTHER'S MAIDE FIRST Barbar		MIDDLE		Smi	st th
ges 1	16a \	VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		8203AR	dge le a	Court	
Pages	1	YES, NO OR UNKNOWN) (IF YI	None	215-07	-1740A	Donna J.	Jeo,	Frederi	-		
yol.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse pe	r line for (o), (b), a	nd Ic I	0 - 0				BETWEEN	MATE INTERVAL
an pun ema even			DIATE CAUSE (0)	Carlle	ed /	tress				51	minul
arb of		TO THE PARTY OF THE	DUE TO, C	R AS A CONSEOL	ENCE OF		divi			100	1
o o o o o o o o o o o o o o o o o o o		Conditions, if ony, which		Heri	0-800	erolai e	7010	\		100	1
		couse (a), stating the	e DUE TO, C	OR AS A CONSEQU	ENCE OF						
Men p	N O	PART 2 OTHER SIGNIFICA	INT GONDATIONS C	ONTRIBUTING TO	MELLE BUT	NOT RELATED TO THE		ISEASE OR CONE		EN IN PART 1	0
For the property	CERTIFICATION	19ª DATE OF OPERATION	196 COND	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIFY	WERE FINDS	NGS USED S OF DEATH?
100	W.	210. ACCIDENT WAS UNDERLYIN	110110 4	OF INJURY	AV VEAD	21c. HOW INJURY OF	CCURRED (E	NTER NATURE OF INJUR	Y IN ITEM IB PA	ART FOR PART 2)	-
Mental Ar Hem	SAL	OR CONTRIBUTING CAUSE (DE DEATH	.M. MONTH L	19						
d Me	MEDICAL	21d INJURY OCCURRED		OF INJURY	FARM FIC 1	21f LOCATION	The state of	CITY OR TO	WN	COUNTY	STATE
h an	>	AT WORK NOT WHILE		meer, racrows, office	MA.		7	1. 11		OM.	
feolt s mo	1	22a I certify that (1) (this	E1	he deceased from	7	erch) 19	, to	May 10), 1	90/	that (f) (we) to
tor of H		sow the deceased of obove, (1) (we) (dd) (d	e on TUN	v ofter death.	, 0	nd that in (my) (our) op	inion deoth o	ccurred on the do	te and hour	and from the	couses stated
ched Dept Hem		22h SIGNATURE	10			DEGREE	- ,			22c. DAJE	SIGNED
deto ote L	1	150.0	recenias y	1 -		ATTENDI	AN DIRE	CTOR PHYSIC	IAN	18/K	7/87
TAN TAN	1	224 PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS 22	28 Nort	h Marke	t Stre	et	
should be deto with the State [IMPORTANT: If		Dr. B.O. T	homas, Jr	. M.D.		Fi	rederic	k, Md.	21701		
# 3 ₹		BURIAL, CREMATION, REMO				EMETERY OR CREMAT	ORY 23d	LOCATION		COUNTY	57 431
		(SPECIFY) Crematio	n Aug.	17,1987	Smiths	burg Crema	tory S	mithsbur	g Wa	ish., A	d. 2178
16 60M 7/B4	24 F	UNERAL DIRECTORith,	Keeney &	Basford	Funer	al Home 25	DATERES	0 1987	256 REGISTE	PAR'S SIGNA	TURE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 8ALTIMORE, MARYLAND 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH O

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1	REGISTRAR		CENTINI	CATE OF BEATTI	REG. NO.				
	I. DECEASED NAME FIRST	la Miller	LAS	SMITH	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR	2
	LULP		CA	117/1	AUGUST	16	1950	8:25	5 M
		4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER			IF UNDER 2	4 HRS
-	Female	White	July	13, DAY 1896 YEAR	91	YRS.	ONTHS DATS	HOURS	MIN.
3	70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 AA A D D IE D	□ NEVER MARRIED □	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
	Tennesse	U.S.A.	WIDOWED	DIVORCED	Frederick County				
1	Frederick	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Meridian Nursing	DDRESS)		170. USUAL OCCUPATION OF WORK FOR MOST OF HOMEMA	WORKING LIFE	126. KIND OI INDUSTRY Home	BUSINES	S OR
9	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 13b, COUN Free		4 11	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 526 Trai	1 Ave.	, 2170	1	
/	TE FATHER'S NAME FIRST James	N. Ballinger	1	is. MOTHER'S MAIDEN NAM	MIDDLE		Cari	roll	
	160 WAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SECUR EWAR OR DATES) 219-52-15		17. INFORMANT CORNER 1 BOX	George Dona	Id Smi Run, V	th)14	
4	-	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D COTTE CARDIO - J. F.	NCE OF	ISEASE É AN	//	20b. IF YES,	WERE FINDING CAUSES	GS USED	H?
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE Saw the deceased alive an abave, (I) twe) (did) (did not 27b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE OF THE CAUSE OF THE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA tal) attended the deceased fram AUGUST 19 11 view the bady after death.	Y YEAR 19 ARM, ETC) DE	that in (my) (Ar) apinian d	CITY OR TO: CITY OR TO: CITY OR TO: MEDICAL STAF PDIRECTOR PHYSIC	WN J7 , 1 site and haur	COUNTY and Iram the county State DATE:	hat [1] Warauses stat	ATE (e) last ted
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)			METERY OR CREMATORY Vet Cemetery	23d LOCATION CITY OF TOWN Frederick	Fred	county erick.	Md .	ATE
	106 East Church	St., Frederick,	ord Fu	neral Hole PAI				RE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The farefunded by the haspital or attending physician.

O 9727 Carlotte and Carlotte

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	1111, 221, 1017 -1. 1114 1111, 221, 9	Latena W/L

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGISTRAR MEDICAL EXAMINER'S CERTIFICADE OF DEATH KNOWN DECEASED NAME 20 DATE 2b HOUR (TYPE OR PRINT) OF ESTI-SMITH 8-1-87 AUBREY DEATH MATED RANDY 19 STREET DAY 2d HOUR 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS 3 SEX DATE MONTH LAST BIRTHDAY) PRONOUNCED 2:45a DEAD TULV 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick County 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH OR INDUSTRY CONSTRUC Frederick Memorial Hospital Frederick SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 3a STATE YES INO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOUND MEDICAL EXAMINER ALONG WITH FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. BY AFTER DEATH" WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGISHNE, DIV BALTIMORE, MARYTAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TID CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR driver of an auto/tractor/trailer collision CONTRIBUTING CAUSE OF DEATH 12:30AM 8-1-87, 21f LOCATION 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 40 and I-70 Frederick Co., Md. STREET, FACTORY, FARM, ETC.1 WHILE AT WORK TO AT WORK howy. X 220. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion X Suicide Homicide Undetermined manner death resulted from Natural couses 8-2-87 Assistant MEDICAL EXAMINER 111 Penn Street M.D. EXAMINER'S NAME Dennis F. Smyth, (TYPE OR PRINT) **ADDRESS** NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 07/84 250. DATE REC'D. BY REGISTRAR 256 REGIST 25M **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

23 602

	REGISTRAR							110, NO - 5	No.	16
	EASED NAME	FIRST		MIDDLE	L	AST	2a. DATE O	FDEATH MONTH	DAY YEA	R 26 HOVE
,,,,,,		LeRoj	7 Le	onard	SOW	EIL		8/11/	8/1	3 14
3 SEX			4 RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER 24 HRS
	Male		Whit	е	Jul	y 4, 1897		90 _{YR}		
	THPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMO	ORE CITY OR COUN	NTY OF DEATH	н
Ne	ew Jerse	У		S.A.	WIDOWE	DIVORCED [I	Frederick	County	7. M
10 CIT	Y OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	TTYPE OF WOR	OCCUPATION RK FOR MOST OF WORKIN	G LIFE) INDUST	ND OF BUSINESS OF TRY
F	rederick		Fred	erick Me	morial	. Hospital	Tire	Merchant	Tire	and Batt
13a. ST		136 COUNTY	other institution.	13c CITY OR TOW Frederi	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET	ADDRESS / ZIP CO	ode Ret r Stree	tail et, 21701
14 FAT	HER'S NAME George	Ar	MIDDLE	Sowell		15 MOTHER'S MAIDEN N. Amelia		WIDDLE	Yost	LAST
160 W	AS DECEASED EV		0	Tibb SOCIAL SECT	IRITY NO	17 INFORMANT	1	12-APDRESSnt		
(YE	S. NO GAUNKNOWN	(IF YES GA	war or Dates)	218-30-		Patti L. Sow	e11. 4			
-						20002 25 2011	,	Frederi		PROXIMATE INTERVAL VEEN ONSET AND DEATH
	PART I. DEATH	ATH (Enter or I WAS CAUSE	nly one couse per D BY:	in for igy, (b), or	nd (c .)	h dies				OR - P OL
- 1		IMMEDIA:	TE CAUSE (0)	uny		ige y with.			-	april 1
			DUE TO, O	RAS A CONSEQU					1	a class,
	Conditions, if o		(b)_	1 will	en				-	Tr.
	gove rise to couse (o), st		DUE TO. O	AS A CONSEQUE	ENCE OF	1-1			1	1.1.0
	underlying co	use lost.	((c)	Cours 1.	unt	in last			10	-1400
	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	SE OR CONDITION	GIVEN IN PAR	er Tro
O										
CATION	90 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT			NDINGS USED USES OF DEATH?
E							YES 🗌	NO	YES [NO [
CERTIFI	210. ACCIDENT WAS	-		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTERN	ATURE OF INJURY IN ITEM	18 PART I OR PAR	T 2)
¥	OR CONTRIBUTING		4111	M. MONTH D	19					
MEDICAL	21d INJURY OCC			OF INJURY		21f LOCATION			COUNT	Y STATE
¥.	WHILE NO	T WHILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM ETC)	STREET		CITY OR TOWN	COUNT	STATE
		WORK	5 Is as 1 total			8/5 1987		8/1	1 10 87	, that (i) (weblas
- 1		eased plive or		deceased from	7	nd that in (my) (our) apinion	n death accurr	ed on the date and	hour and from	
	obove, (I) (e) +del) (did no	t) view the body				iii dediii deediii	ed on the dote ond		
	226. SIGNATURE	10	/	1	11	DEGREE	MEDICAL	STAFF		PATE SIGNED
	raby	JS. A	fug h	W)	/V) 14	D, PHYSICIAN	DIRECTOR	R PHYSICIAN	8	11/8/
	22d PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS				
	Dr. R	obert	S. Hughe	s, M.D.		700 Montela	ir Ave	., Freder	ick, Mo	1. 21701
23a BI	URIAL, CREMATIC	ON, REMOVAL	236. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d LOC	ATION		
	Buriel	1 - 0	Aug 13			vet Cemetery	CIT	ederick.	Frederi	ick. Md.
24 FII	NERAL DURECTO	new	1 6			U		REGISTRAR 25% REG		
	Smith,	Keene	y and Ba	sford	neral	Home Md. 21701AU	IG 17			n. Randalli
	106 Ea	st Chu	rch Stre	et. Fred	erick.	Md 2170170	O 1 1	1307	*	

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shows any injury, or ather troumotic event, the medical exam

rearried that well's alter two and the field that the blood in the broad in the best of Mark Telephone and the first of the control of the Special consecution of the contract of the con

The selection of the se

Total Sale Hours

moy be

FOR

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

7602

			CI	ERTIFICATE OF DEATH	JEC NO	5 0 0 3	
DE	EASED NAME PIR	rst .	MIDDLE	LAST		MONTH DAY YEAR 76 HOL	UR
(TIPE	CVE	rest	tugene	Specht	August	7, 1987 111	0
3. SEX	(4. RACE	5. 1		6. AGE VINYEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER	R 24 HR
_ M	IALE	WHITE			48	YRS	
		3N 76 CITIZEN OF	WHAT COUNTRY?	MADDIED ANEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	
		USA					
0. CI	TY OR TOWN OF DEATH						ESS
F	REDERICK						
15UA	ALLE S.D.A.IE OF JRTH S.D.A.IE		710 0000				
	THER'S NAME				IAME	, , , , , , , , , , , , , , , , , , , ,	
Т	1.000			1 11.51		WHITE	
_							_
,			220-34-01	47 Mary Filan	Specht 9126-		
1					Specific 9120	APPROXIMATE INTE	RV AI
	PART I. DEATH WAS	nter only one couse per CAUSED BY:				BETWEEN ONSET AND	D DEA
NO.	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DEA	RMINAL DISEASE OR CONE	DITION GIVEN IN PART TO		
CAT	196 DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	ERATION WAS PERFORMED		206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT YES TO NO F	TH?
CERTIF	210. ACCIDENT WAS UNDERLY						
		E OF DEATH					
MEDICAL							
ME	WHILE NOT WHILE	LAT HOME STI			CITY OR TO	wn COUNTY	STATE
	AT WORK AT WORK	hornital) attended th	a decreed from	TUMP 10 A	57 . 47	19.52 the 10	
		~ / ~		. 17	in death occurred on the do		
	27b. SIGNATURE	(did not) view the body	ofter death.	DEGREE	7	22c DATE SIGNED)
9	11	4	2	ATTENDING	MEDICAL STAF	F	
	228. PHYSICIAN'S NAME	(TYPE OR PRINT)			_ DIRECTOR _ TITISIC	MIT T	
	P CRECOR	V RAIISCH		4 W 7th St	t. Suite 7	Frederick, MD	
30 P			Z3c NAM			11cdeller, ID	
{	SPECIFY)				CITY OR TOWN		STATE
				naven nem. Garde		or riedelick M	
	INFRAL DIRECTOR O	DOLLCT AC CE	CATTERED	25n D	ATE REC'D BY REGISTRAR	25h REGISTRAR'S SIGNATURE	
	DINERAL DIRECTOR G. 1621 Opossum					25b. REGISTRAR'S SIGNATURE	

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

Thomas STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

23605

Decrease Section Decrease	S		FOR STATE PORTRAR			DEPAR	CERTIF	EALTH AND MENTALHYG	IENE 2	36	05	
Female		1 DEC	CEASED NAME	FIRST	1	MIDDLE	i	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
Second S		(1AbF		Elda	V	irginia	Th	nomas	Aug. 22,	1987		7:30A M
Permale White Dec., 19, 1914 T2, yes T8 BIRTHOF OF THE PROPERTY T8 CHIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED T8 BAITMORE CITY OR COUNTY OF DEATH MARY Jand USA WOOMED TO	1	3. SEX								BIRTHDAY)		
BASTRIPACE STATE PRODUCTION TO CONTRIBUTE STATE PRODUCT STATE PRODUCT STATE STAT		F	emale		White		Dec.	19, 1914 YEAR	72		MONTHS DAYS	HOURS
Maryland USA	g and	Ze. Bli	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8		9 BALTIMORE CITY	OF DEATH		
Prederick Meridian Nursing Center Cherk - Mgr Grocery Sto.	5				USA				Frederic	ity,	MD	
Prederick	1	10 CI	TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION				BUSINESS OR
136. STATE 136. COUNTY 136. COUNTY 136. COUNTY 136. STATE 136. COUNTY 137. COUNTY 136. STATE					Meridi	an Nursi	ing Cer	nter			670	ry Store
Maryland Frederick Frederick Yes No 1505 W. 10th St. / 21701	-	₩5UA 13a S	AL RESIDENCE (IF NURS					13d INSIDE CITY LIMITS?	13e STREET ADDRESS	5 / ZIP CODE		
Daniel C. Woods Leda Mae Peters No Was Deceased Ever N U.S. Armed Forces? 186 Social Security NO 17 Informant Address 10176 Crestview D. 215-26-0818 Ralph G. Thomas, Jr. Frederick, Md. 2170 18 CAUSE OF DEATH Enter only one couse per line for policies of the model of the part o	1	Ma	aryland Frederick Frederick YES 🔀 NO 🗌 1505 W. 10th St.									01
Daniel C. Woods Leda Mae Peters Was deceased ever in us. Armed Forces? It is social security no. 17 Informant Address 10176 Crestview D 215-26-0818 Ralph G. Thomas, Jr. Frederick, Md. 217 Is cause of death lenter only one couse per line for an individual conditions. If only, which gove rise to immediate only one couse per line for an individual conditions. If only, which gove rise to immediate only one couse per line for an individual conditions. If only, which gove rise to immediate only one couse per line for an individual conditions. If only, which gove rise to immediate only one couse per line for an individual conditions. If only, which gove rise to immediate only one couse per line for an individual conditions. If only, which gove rise to immediate only one couse per line for an individual conditions. If only, which gove rise to immediate only one couse per line for an individual conditions. If only which gove rise to immediate only one constitution of the iterminal disease or conditions of the immediate of the immedi		14 FA			MIDDLE	TAST					LAST	
No No 215-26-0818 Ralph G. Thomas, Jr. Frederick, Md. 2170			Daniel		C.	Woods	5	Leda	Mae		Pete	
NO 18. CAUSE OF DEATH Enter only one couse per line for 20, 161 and 162 mg. 18. CAUSE OF DEATH WAS CAUSED BY 18. CAUSE OF LAW AND PLAYER PART I. DEATH WAS CAUSED BY 18. CONTROLLED BY 19. CONTROLL						166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	RESS 1017	6 Crest	view Dr.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSIDERING The underlying couse lost. (c) PART 2. OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 199. DATE OF OPERATION 199.						215-26-	-0818	Ralph G. Th	nomas, Jr.	Frede	rick, M	d. 21701
DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIO			18 CAUSE OF DEATH	SETWEEN ON	ATE INTERVAL							
Conditions, if ony, which gove is to immediate course to be the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19% DATE OF OPERATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS GUIVEN IN PART 1 to 19% DATE OF OPERATION OF OP		183	PARTI, DEATH W			La	Col	M				
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DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION					(
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a contribution of the condition of the conditio		40	couse (o), stoten	g the	DUE TO, OI	R AS A CONSEQ	UENCE OF					
19a Date of Operation 19b Condition Fab which operation was performed 20a Autopsy? 20b If yes, were findings used in certifying causes of death? yes No No No No No No No N			underlying couse	lost	(c)		14-2 (1)					
OR CONTRIBUTING CAUSE OF DEATH (#EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALLWORK NOT WHILE ALLWORK 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 221. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D		7										
OR CONTRIBUTING CAUSE OF DEATH (#EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALLWORK NOT WHILE ALLWORK 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 221. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D		TIO				Jan L			Ten management	Last IF VEC	ANTERE CINION A	
OR CONTRIBUTING CAUSE OF DEATH (#EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALLWORK NOT WHILE ALLWORK 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 221. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	2	FICA	19a DATE OF OPERAL	ION	1996 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED				
OR CONTRIBUTING CAUSE OF DEATH (#EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ALLWORK NOT WHILE ALLWORK 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 220. I certify that (I) (this heightal) oberided the deceased from sow the deceased allve on above, (I) (well-bird) (did not) view the body after death 221. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	1	RT			3 - 20 - 20 - 20	5 15 4 10 10 V		Tai Halling a salar				NO []
220. I certify that (I) (this hereival) operated the deceased from 22 on the deceased alive on obove, (I) (we train (did not view the body after death 22b SIGNATURE 22c DATE/SIGNED PHYSICIAN SIGNATURE 22c DATE/SIGNED PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 221 DATE/SIGNED 22c DATE/SIGNED PHYSICIAN DIRECTOR P				l.			DAY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ARI I OR PART 2)	
220. I certify that (I) (this hereival) operated the deceased from 22 on the deceased alive on obove, (I) (we train (did not view the body after death 22b SIGNATURE 22c DATE/SIGNED PHYSICIAN SIGNATURE 22c DATE/SIGNED PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 221 DATE/SIGNED 22c DATE/SIGNED PHYSICIAN DIRECTOR P		ICA	(IF EITHER NOTIFY MEDIC	ALEXAMINER	P.		19	au . a a stront	10000			
220. I certify that (I) (this heapthal) objected the deceased from the deceased of the decease of the deceased		MED					FARM ETC.)		CITY OR	IOWN	COUNTY	STATE
sow the deceased alive on 6226 19 ond that (my) con opinion death occurred on the date and hour and from the causes stated obove. (I) (weekford) (did not view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							5) (A. A	*1	1101		
Obove, (I) (weshed) (did not view the body after death 22b SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSI	1	100				deceosed from			, to	1-4-1-1		
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHY			obove, (I) (we) (c	(did no	t view the body	after death			deom occurred on the	aore ona nour		
PHYSICIAN DIRECTOR D			228. SIGNATURE	, (+	P		ATTENDING \	MEDICAL ST		S S	IGNED
A. Austin Pearre, M. D. 804 Toll House Ave Frederick, Ma. 2170 Reference of Communication, Removal (SPECIAR) 8/25/87 804 Toll House Ave Frederick, Ma. 2170 804 Toll House Ave Frederick, Ma. 2170 Reference of Communication (SPECIAR) Park Heights Cem. 804 Toll House Ave Frederick, Ma. 2170 Reference of Communication (SPECIAR) Reference of Communication	1		224 PHYSICIANI'S NIA	AAE TURE	١١١١١١	plan	1-1	PHYSICIAN	DIRECTOR PHYS	ICIAN [1 1/1	1415
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 8/25/87 Park Heights Cem. 23d LOCATION Brunswick, Frederick, Ma. STATE											. 70	
Burial 8/25/87 Park Heights Cem. Brunswick, Frederick, Ma. State										- Frede	rick, M	a. 21/01
		(SPECIFY)	REMOVAL						ak Ero	COUNTY	MCISTATE
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25 by REGISTRAP'S SIGNATURE					0/20/	0/	alk me					
John T. Williams Funeral Home Brunswick, Md. 250. DATE RECD. BY REGISTRAR 25 WRECISTRAR 25 WRECISTR				liamo	Funera 1	Homo D	runewi.	ck. Md AÛ	G 2 8 1987	Julia ,	Dunder . K	indicate

DHMH - 16 60M 7/B4 (VRA 15, 4)

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mul director, page 3

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2.3	606	
REG. NO.	1.0 (0.0	40-49

- STATE REGISTRA			DAI ARTI		CATE OF DEATH	REC	3 6 U	9	ii
TYPE OFFRINT	ME FIRST		MIDDLE	17	AST	20 DATE OF DEAT	0//	8 /87	26 HOUR
	A	AGIE /	MAGDAL	-BAIE	HOMAS.		. /	1-1	0630
3. SEX		4. RACE		5. DATE O		6 AGE (IN YEARS LA	_	ONTHS DAYS	HOURS A
TEI	A E.	W	Hite	11	15/12	74	YRS		
7a. BIRTHPLACE	STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIET	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	
Md.		U.S.	A.	WIDOWE		Frede	rick Co.		
10. CITY OR TOW	N OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O	ROTHER INSTITUTION	120 USUAL OCCU			F BUSINESS
Fr	ederick	Frederi	ck memori	al Hos	spital	COOK	DST OF WORKING LIFE	resta	urant
USUAL RESIDEN		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		la capter appea	20 4 710 0005	120000	
3	Md. Fred	erick	Middlet	own	13d. INSIDE CITY LIMITS?	13e.STREET ADDRE	jefferso	n St	21769
14 FATHER'S NA					15 MOTHER'S MAIDEN NA	ME		11 00.	21105
Hari		eë¹ ^{DDLE}	Stevens			Mae Mos	SS	LAS	17
NOS, NO OR UN	SED EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES)	219-20-1		James E. Tho		ersville	, Md.2	1793
			r line for (a), (b), an	dicin	C			APPROX BETWEEN	MATE INTERVAL
PART 1.	DEATH WAS CAU	SED BY: ATE CAUSE (0)	CARDI	oGEN	ic Shock			12	
couse (couse (couse PART 2 O		(c)_	ONTRIBUTING TO	bac	feral perical NOT RELATED TO THE TERM	arlitis MINAL DISEASE OR C	ONDITION GIVE	EN IN PART 1	6 when
O A CCIDE	F OPERATION	19L CAND	ITJON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
1 E O J	187		10 -00 -00	_	~ Sertion	YES NO	IN CERTIFY	ING CAUSES	OF DEATH?
ACCIDE	T WAS UNDERLYING	1 945 TIME C	hest to	1	21c. HOW INJURY OCCUR				140
00.00	TING CAUSE OF								
2	OCCURRED		.M. OF INJURY	19	211 LOCATION			_	
	NOT WHILE		REET FACTORY, OFFICE, F	ARM ETC)	STREET	CITY	DR TOWN	COUNTY	STATI
AT WORK	AT WORK			7	2	8	112-	87	
	e deserted live	- 0	e deceased from	57 00	d that in (my) (our) Paping	death assured as the	o data and have		thet (l) (we)
obove	(Ne) (did) did-	the body			d that (my) (our) pinion	Georgi occurred on II	ie dote ond hour		
72b. SIGNA	35	1000	elow,	> 1	ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN [8 12	LI87
22d. PHYSA	TIAN'S NAME ITYPE	2 RPRINTI RO	ESSLEY	2 mg	PO BOX	17 Mis	DLETE	אשונ	MD.
230 BURIAL, CRE	MATION, REMOVA Burial	23b. DATE 8/15/8	37 P16	ame of ci	EMETERY OR CREMATORY View Cemete	23d LOCATION ryBurkiites	Sville F	red M	d. STATE
24 FUNERAL DIR		11	1 /	21		E REC'D. BY REGIST	RAR 256 REGISTE	RAR'S SIGNAT	URE
THOMPSON	J FUNEZA	LAME	MIDDA	TOWN) Ma AU	G 2 0 1007	Julia se	widow-h	andell

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physican and should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

07/84

DHMH - 17

(VR A15 ME (5))

8/18/87 BURTAL 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL 236 DATE

73c. NAME OF CEMETERY OR CREMATORY CENTRAL CEMETERY

STATE OF MARYLAND

23d LOCATION MT. AIRY, FREDERICK 2d HOUR

12:451

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DOUGLAS STAUFFER 1621 Gistia Varidoon-Randalli

FREDERICK, MD

ARC 1 8 1001

0	635	3	2	AUG	24	87	FOR STATE
-	4 60 4	-	-			1.5	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23	6	0	8

							REG. NO				
	CEASED NAME FIRST	MI	DDLE	LA	AST	2a. DATE OF			DAY	YE AR	26 HOUR
(TYPE	ORPRINI) Ruber	A Kyl	0	101	9(1			Q	15	47	00.1
3. SEX		4 RACE		5. DATE O		6. AGE (IN YE	ADS LAST BIRTS	MDAY)	IE HND	ER I YEAR	IF UNDER 2
J. 3L/		White		MONTH	DAY YEAR	S)	C	noar,	MONTHS		HOURS
	Male	MILTOG		June	21, 1902	8)	YRS			
7a. BII	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMO	_	_	Y OF DI	EATH	
	efferson W. Va.	US	A	WIDOWEL			ederi	ick			
10 CI	onrovia, Md.	(#FNOT IN SUCH	FACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL CONTROL CAT D	FOR MOST OF	WORKING I	LIFE) IN	DUSTRY	F BUSINES
	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, G		ADMISSION		Odd D		راسيان.			
	STATE 136. COL		Monrovi	'N	134. INSIDE CITY LIMITS?	3011	DDRESS /	ZIP COD	burt	2	17
14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN I	IAME	WIDDLE			LAS	
	Charles Franc		_			ertrude		rehre	7	LAS	
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECU	IRITY NO.	17. INFORMANT	of of dag	ADDRES	SS	<u> </u>		
(1	0.00	IVE WAR OR DATES)	025 70 7	001	Elizabeth	1/277 P	107700	Mons		5 34	
-	No		235 18 1	984	MITTER OF O	r Mall Di	OWII,	11011			-
	18 CAUSE OF DEATH (Enfer of PART I. DEATH WAS CAUS		ne for (o), (b), one	d (c).)	16 1	7.1.				BETWEEN	MATE INTERS
		TE CAUSE (o)	Concelt.	.16	Went 1	nc. lurg					
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	(6)	as a conseque								
NC	gove rise to immediate couse (a), stating the	(6)			NOT RELATED TO THE TE	rminal disease	OR COND	DITION G	IVEN IN	PART 1:0	
TIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.	(c)	NTRIBUTING TO D	DEATH BUT I	NOT RELATED TO THE TE	20a AUTO	PSY?	20b. IF YE	ES, WER	E FINDIN	IGS USED OF DEATH
CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO D	DEATH BUT I	N WAS PERFORMED	20a AUTO	NO A	20b. IF YE IN CERT	ES, WER	E FINDIN CAUSES	IGS USED
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